

## RX for PROP Services

### Member Information

First Name:	Last Name:	
Date of Birth:	Phone #	PHN:
Address:		Postal Code:
<i>Applicant to reside in facility? If yes, see reverse for non-medical criteria</i>		
Worksafe/ICBC file:	Yes <input type="checkbox"/> No <input type="checkbox"/>	BC Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>

### Clinical Assessment

Clinical assessment attached (include rationale for home ventilation):

Diagnosis:			
Secondary Diagnosis:			
Medical History:			
Vital capacity (l. And % pred):	Date:	ABG's:	Date:

## Equipment Requirements

### Bilevel

*\*Please note IPAP and EPAP parameters must be filled in.*

Mode:		
IPAP: Min:      Max:      cm/H2O	EPAP: Min:      Max:      cm/H2O	Respiratory Rate:
Mask Interface (Make & Size):		

### Volume Ventilator

Mode: PC      AC	Volume:	Pressure:	RR:
Additional Information:			
Tracheostomy Tube: <input type="checkbox"/>	Make & Size:		
Additional Information:			

### Supplemental Oxygen

l/MIN

Hot Application submitted? Yes  No

Oral Suction Device

Manual Cough Assist

Aerosol Compressor

### Authorization

**\*Mandatory Information**

Referral to Respiriologist in community: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Respiriologist referral made to:
Respiriologist Name:	Applicant able to direct own care? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>See reverse for additional information.</i>
Phone #	Fax #
Respiriologist's Signature:	Date:

## Making Application to PROP – Getting it Right the First Time

- ➔ Application to PROP should only take place after the individual being considered for eligibility has been medically optimized.
- ➔ Medically optimized implies that the health care team has determined that the individual is stable, that no further acute medical care is necessary or appropriate and that preparations for discharge are being made.
- ➔ Candidates on Bipap should have their application to PROP submitted within 5-7 days of discharge (including recent ABG results, exception being ALS applications). Candidates who are invasively ventilated require significantly more preparation specific to their home supports, i.e.: 3-5 caregivers being trained, and to ensure that they meet PROP criteria; complex candidates should have their application to PROP be submitted early in the discharge planning process.
- ➔ A PROP application form should be completed by the attending Respiriologist and should be submitted with proof of medical optimization i.e.: consult and history notes that identify that individual is stable and ready for discharge. Failure to provide the necessary documentation and/or ensuring that care by a Respiriologist in community has been arranged, may create a delay in assessing an individual's eligibility to PROP and discharge from hospital.

## PROP Medical Criteria

Individuals who meet the following medical criteria may be eligible for PROP services:

- ➔ Candidates should be stable and optimally managed for any reversible component of their associated pulmonary disease.
- ➔ Candidates are required to be under the care of a Respiriologist on discharge
- ➔ Individuals with neuromuscular disorders or chest wall restrictions that have documented hypercapnia (PCO<sub>2</sub> at rest on room air >45mmHg).
- ➔ Individuals who have neuromuscular disorders or chest wall restrictions that have normal PaCO<sub>2</sub>'s (in the range of 40-45 mmHg) may be considered eligible if any of the following other criteria are present:
  - ▶ Cor Pulmonale
  - ▶ Nocturnal hypoventilation (as documented by elevation in nocturnal CO<sub>2</sub> (TCCO<sub>2</sub>) levels and associated morning symptoms)
  - ▶ Severe supine dyspnea i.e., Diaphragmatic paralysis
  - ▶ Symptoms of alveolar hypoventilation
- ➔ Individuals with normal neuromuscular function but who have documented central alveolar hypoventilation secondary to abnormal ventilatory control may qualify i.e., Primary Alveolar Hypoventilation or Obesity Hypoventilation Syndrome
- ➔ Individuals who use a tracheostomy with re-usable (whenever possible) inner cannula. Uncuffed tracheostomy tubes are preferred; potential members requiring a cuffed tracheostomy tube will be assessed for program eligibility on an individual basis. Speaking valves used with uncuffed tracheostomy tubes will be considered when they are situated in-line with documented evidence of being well tolerated and within accepted risk parameters.
- ➔ Individuals who are not PEEP dependent
- ➔ Individuals whose secretions can be safely managed without the use of in-line suction.

## PROP Non-Medical Criteria

- ➔ Must be 19 years of age or older
- ➔ Must be a BC citizen and registered with the BC Medical Services Plan
- ➔ Candidates must be capable of self-directing their therapy so that they have control over their choices and decisions when it comes to their own respiratory care and therapy or have a current and appropriate Representation Agreement in place.
- ➔ Candidates who reside in assisted living/transitional care facilities are eligible if they can direct their own respiratory care and therapy (via themselves or through a Representation Agreement) and no other service provider (other than their physician/Respiriologist) is involved in directing PROP clinicians in care.
- ➔ Candidates are strongly encouraged to have a current Representation Agreement in place prior to application being made.

## At Home Program Applicants

- ➔ All candidates coming from the At Home Program are required to have made formal application to PROP through a prescription for services
- ➔ It is recognized that candidates coming from the At Home Program are sometimes not able to fully participate themselves in decisions about their respiratory care and therapy and that a parent or other designated representative will be involved; in this situation, a current Representation Agreement must be in place.