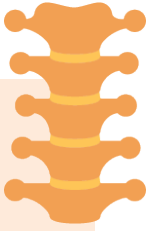


Spinal Cord Injury Ventilator Admission Guidelines



MEDICAL READINESS GUIDELINES

In addition to a patient's medical clearance, it is important that the following are in place:

- Patient has the potential to participate in three hours of therapy a day
- Minimal returns for outpatient visits and diagnostic testing during rehabilitation stay
- Appropriate physician follow-up plan is in place for after discharge from acute rehab facility
- Patient must meet preadmission respiratory criteria
- Patient must have two caregivers identified

MEDICAL STATUS

Medical work-up to be complete and with treatment plan agreed upon by primary and consulting services.

RESPIRATORY

- Vent patients are required to be on stable settings for 72 hours prior to transfer
- Must have stable respiratory status to allow for 3 hours of therapy per day
- Suctioning needed at a maximum frequency of every 4 hours
- Trach guidelines:
 - If new, first trach change must occur more than 24 hours prior to arrival
 - Any trach change of size or type should occur at least 24 hours prior to arrival
- Respiratory treatments are a max of every 4 hours
- Peep must be < 8 cm H₂O unless required for leak speech
- FiO₂ less than or equal to 40%
- Ventilator Modes used for Rehabilitation: AC/PC; AC/VC; SIMV/VC; SIMV (PC/PS) with a rate

MEDICATIONS

- PO/enteral/SQ only
- Generally no IV push meds, except IV antibiotics
- DVT Prophylaxis/anticoagulation plan established

DIET

- PO diet or able to tolerate tube feeding to provide caloric and fluid requirements
- PEG tubes are preferred
- TPN patients need to be on a stable solution, cycled at night with a plan for discharge to home on TPN

These are guidelines. For more information, please speak with your Shirley Ryan AbilityLab liaison or consulting physician.