

SUMMARY AND RECOMMENDATIONS

- a) Eligibility: Yes
- b) Rationale for Eligibility: In absence of parents this child requires the skill and judgment of a nurse due to the complexity of airway management and severe obstructive sleep apnea. Dependant upon non invasive ventilation via BiPAP when sleeping or naps. Oximetry is required during sleep and naps.
- c) Hours Allocation: asking for moderate hrs of 36hours per week.
- d) Rationale for Hours:
- Moderate inability to alter timing of care. ^{s.22}
- Moderate possibility/frequency of adverse events-Dependant on non-invasive ventilation- BiPAP for sleeping
- Moderate severity of symptoms
- Moderate number of body systems affected- respiratory, neurological system
- Moderate complexity of technology/biomedical equipment- BiPAP, oximetry.
- e) Recommended Care Team: RN LPN
- f) Discharge Criteria: When client is no longer dependant on non invasive ventilation to sustain oxygen saturation
- g) Reassessment Date: one year

INFORMATION OBTAINED FROM: parent, client chart, Lisa Kwon (outpatient Respiratory Therapist at BCCH).

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD)
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SUMMARY AND RECOMMENDATIONS

h) Eligibility: Yes

i) Rationale for Eligibility: The knowledge, judgement and skill of a nurse is required in the absence of a parent for complex nursing interventions and assessments related to administration of nasogastric tube meals. Nasogastric tube meals are the primary source of nutrition and complicated by severe neurological impairment, reflux and risk of aspiration.

j) Hours Allocation: The request is for 4 - 8 hours per week

k) Rationale for Hours:

l) Recommended Care Team:

m) Discharge Criteria: When no longer dependent upon nasogastric tube meals for the majority of nutrition and/or improvement in neurological status.

n) Reassessment Date: 6 months

INFORMATION OBTAINED FROM:
Mom, hospital records, hospital staff

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME TP	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD) 2012/03/06
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*Note: Recorder has not edited presentation notes submitted by
Presenters (other than to remove identifiers, when necessary).

SUMMARY AND RECOMMENDATIONS

a) Eligibility: Yes / No

Rationale for Eligibility:

- Overall complexity of care, particularly the need for ongoing complex respiratory assessment and intervention, require the knowledge judgment and skill of a nurse.

Discharge Criteria:

- Decreased overall complexity of care, and improved respiratory stability so that the knowledge, judgment and skill of a nurse is no longer required for respiratory assessment and intervention in the absence of parents.

Hours:

- Increase to 44hrs/week at home-an increase from 36 hrs.
- Continue with 27 hours/week at school

Rationale for Hours:

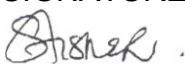
- High unpredictability of care needs, high frequency of care needs, high risk of harm from adverse events, high inability to communicate care needs, high inability to alter timing of tasks, high dependence on technology

Reassessment Date:

- Annually

INFORMATION OBTAINED FROM: Mom, hospital chart, hospital records ^{s.22}

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME Susan Fisher	NSS COORDINATOR SIGNATURE 	DATE SIGNED (YYYY/MM/DD) March 15 th 2012
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Not Responsive

SUMMARY AND RECOMMENDATIONS

b) Eligibility: Yes

- c) Rationale for Eligibility: The skills, judgement and knowledge of a nurse are required in the absence of parent to provide s.22 NG tube feeds. s.22 dependent on NG tube for nutrition and is at high risk for aspiration.
- d) Hours Allocation: requesting 12 hours per week
- e) Rationale for Hours: low frequency of intervention required; low number of body systems affected; low amount of biomed equipment; mod severity of symptoms; mod degree of ongoing deterioration
- f) Discharge Criteria: When the skills, judgement and knowledge are no longer required to provide s.22 NG tube feeds (ie. when able to eat orally or g-tube)
- g) Reassessment Date: October 2012

INFORMATION OBTAINED FROM:

- (Mom)
- s.22

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD)
Nancy Rasche		2012/03/20

*Note: Recorder has not edited presentation notes submitted by Presenters (other than to remove identifiers, when necessary).

SUMMARY AND RECOMMENDATIONS

s.22

Pediatric follow up with s.22

BCCH follow up with ENT, Respiriology, Cardiology. Will have overnight oximetry study s.22

Requires regular pediatric follow-up in regards to s.22 and its associated complications.

Repeat hearing screen.

Help transitioning to po feeds.

Eligibility: Yes

Rationale for Eligibility: Minimal po feed with NG tube feeds as the primary means of nutritional management, airway management including positioning, requires continuous SaO2 monitoring and recognition of the need for intervention, require the knowledge, judgment and skill of a nurse in the absence of the parent.

a) Hours Allocation: Moderate. Asking for 24 hours.

b) Rationale for Hours: Moderate degree of unpredictable symptoms, symptoms, care needs and response to care are generally predictable. High risk of harm from adverse events, low complexity of technology and biomedical equipment, high frequency of interventions required. Moderate degree of nursing judgment required. Interventions sometimes occur at unpredictable times.

c) Recommended Care Team: RN

d) Discharge Criteria: No longer requiring NG tube feeds, no longer having airway obstruction, airway management not an issue.

e) Reassessment Date: 1 Year s.22 or no longer requiring continuous Oximetry or ng tube feeding as primary means of providing nutrition. Reassess if condition changes requiring more hours or there is a change in the status of the child.

INFORMATION OBTAINED FROM: Interview with mother, records from BCCH.

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD)
Katherine Schlacht, RN, BScN		2012-03-22

SUMMARY AND RECOMMENDATIONS

- f) Eligibility: Yes
- g) Rationale for Eligibility: In absence of parents, the knowledge, skills and judgement of a nurse is required due to the complexity of airway management and severe obstructive sleep apnea, complicated by severe reflux and and nasal/oral suctioning. Dependent on non invasive ventilation (BiPap) when sleeping at night. Oximetry is required during sleep at night.
- h) Hours Allocation: 48 hours requested
- i) Rationale for Hours: High inability to alter timing of care. ^{s.22} numerous times to adjust mask for leaks, desaturations. Moderate complexity of nursing assessments and interventions. High number of body systems affected (respiratory, GI, neurology, muscle-skeletal, nephrology) High degree of dependence on technology/biomedical equipment ^{s.22} High risk of harm from adverse events.

- j) Recommended Care Team: RN/LPN
- k) Discharge Criteria: When non invasive ventilation is well tolerated and child can be safely managed by a non nurse care giver or when non invasive ventilation no longer required to maintain O2 saturation.
- l) Reassessment Date: One Year

INFORMATION OBTAINED FROM:

s.22 Trach and Vent Nurse BCCH
Past Records/ Discharge record BCCH March 2012
Mother

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME Marylynne Wiebe	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD) 2012/03/23
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Not Responsive

SUMMARY AND RECOMMENDATIONS

- m) Eligibility: Yes
- n) Rationale for Eligibility: The judgement, skill and knowledge of a nurse is required in the absence of parents to set-up peritoneal dialysis using sterile technique).
- o) Hours Allocation: requesting 12 hours/week
- p) Rationale for Hours: low frequency of intervention; low number of body systems currently affected; low complexity of nursing assessments; low amount of biomedical equipment; low frequency/duration of technology/biomed equipment
- q) Discharge Criteria: When PD is no longer required ^{s.22} or when ^{s.22} is able to independently do all aspects of ^{s.22} PD care.
- r) Reassessment Date: March 2013

INFORMATION OBTAINED FROM:

- ^{s.22}
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- Nephrology clinic note (March 2012)

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME Nancy Rasche	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD) 2012/03/26
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*Note: Recorder has not edited presentation notes submitted by
Presenters (other than to remove identifiers, when necessary).

SUMMARY AND RECOMMENDATIONS

- a) Eligibility: Yes please.
 - b) Rationale for Eligibility: ^{s.22} complex respiratory needs including oxygen titration, assessment and monitoring require vigilant eyes on care and the knowledge, judgement and skills of a nurse.
 - c) Hours Allocation: 56 hours
 - d) Rationale for Hours: high risk of harm from adverse events, high inability to direct own care, Unpredictable care needs, complex technology needs, dependency on ventilation
 - e) Discharge Criteria: Respiratory stability as evidenced by: is no longer dependent on BiPAP, no longer requires titration of oxygen, no longer at high risk for adverse outcomes with respiratory illness.
 - f) Reassessment Date:
- INFORMATION OBTAINED FROM:

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD)

SUMMARY AND RECOMMENDATIONS

- g) Eligibility: Yes
- h) Rationale for Eligibility: Judgement, knowledge and skill of a nurse required to provide oral feeding with Haberman nipple and bottle and NG tube feeding and administer meds via NG tube in the absence of the parents.
- i) Hours Allocation: 8 hours
- j) Rationale for Hours: Low frequency of nursing interventions; low complexity of nursing assessments; low amount of biomedical equipment.
- k) Discharge Criteria: ^{s.22} consistently taking greater than 50% of feeds orally and/or g-tube.
- l) Reassessment Date: 1 year

INFORMATION OBTAINED FROM:

(parents)

Dr.

^{s.22}

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD)
		2011/04/11

SUMMARY AND RECOMMENDATIONS

a) Eligibility:

b) Rationale for Eligibility:

Overall complexity and unpredictability of care requiring the skills ,knowledge, and judgement of a nurse to recognize subtle changes in ability to tolerate feeds and to manage oral secretions during episodes of intractable seizure activity and to monitor respiratory status and sedating effects of medication interventions.

c) Hours Allocation:

Presently receiving 208 hours/month ^{s.22}

d) Requested hours

35 hours/week to attend school

24 hours @ home for awake night care

e) Rationale for Hours:

Moderate complexity of nursing judgements

Moderate unpredictability of symptoms

Moderate to high risk of harm related to frequent seizure activity and medical interventions

f) Recommended Care Team:

RN/LPN

g) Discharge Criteria:

Medical condition becomes more stable and/or care requirements are more predictable

h) Reassessment Date:

Annually or as necessary

INFORMATION OBTAINED FROM:

Medical Reports ^{s.22}

BCCH Discharge Summaries

CP DC Summaries

RNs reports and discussions

Parents

ASSESSED AND SUBMITTED BY:

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SUMMARY AND RECOMMENDATIONS:

- a) Eligibility: Yes
- b) Rationale for Eligibility: Overall complexity of care requiring the knowledge, judgement and skills of a nurse in the absence of parents as evidenced by:
 - VAD care

- TPN administration
- Management of ^{s.22} feeding complicated by severe feeding intolerance.

c) Hours Allocation: 24 requested

d) Rationale for Hours: Moderately frequent, and complex care needs with a potential for high risk of harm from adverse events.

e) Discharge Criteria: Improvement in overall complexity of care so that the knowledge and skill of a nurse are no longer required in the absence of parents as evidenced by one or more of the following:

- Discontinuation of TPN administration
- Management of ^{s.22} feeding is no longer complicated by severe feeding intolerance.

f) Reassessment Date: 6 months or earlier if care needs change

INFORMATION OBTAINED FROM:

- Hospital records at Regional Hospital and BCCH
- In-patient acute care Pediatric CNL's- Regional Hospital, BCCH
- Mother

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME MC	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD) 2011/04/05
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SUMMARY AND RECOMMENDATIONS

a) Eligibility:

b) Rationale for Eligibility:

- Oxygen assessment needs during the day and night
- Placement of BiPAP afternoon naps and at night

Hours Allocation: 4 8 hours per week

c) Rationale for Hours:

Low: unpredictable symptoms and care requirements

Low: number of body systems significantly and currently affected at present

Moderate: Dependence on ADL's

Moderate: Inability to communicate need for care, safely direct care.

Moderate: degree of dependence on technology/biomedical equipment

Moderate: risk of harm from adverse events

Moderate: Frequency/duration of need for technology /biomedical equipment.

d) Recommended Care Team:

- Low hours for Nurse so that the parent can have respite. ^{s.22}
needs observation and treatments requiring the skill, judgement, and knowledge of a nurse when parent is not present.
- NNC if parent is home.
- ^{s.22}

e) Discharge Criteria:

- Is less dependent on BiPAP and Oximeter readings.
- **Reassessment Date:**

8 months

INFORMATION OBTAINED FROM: : Mother

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME	NSS COORDINATOR SIGNATURE <i>/</i>	DATE SIGNED (YYYY/MM/DD) 2011- 07 - 27
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SUMMARY AND RECOMMENDATIONS

- a) Eligibility: Yes / No
- b) Rationale for Eligibility: The knowledge, judgement and skill of a nurse is required in the absence of the parent for night time care related to the overall complexity of care and the current medical fragility.
- c) Hours Allocation:
- d) Rationale for Hours:
- e) Recommended Care Team:
- f) Discharge Criteria: No longer requires the knowledge, judgement and skill of a nurse for the complex respiratory assessment and intervention during mechanical ventilation (BiPAP).
- g) Reassessment Date:

INFORMATION OBTAINED FROM:

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME DW	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD) 2012/02/21
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*Note: Recorder has not edited presentation notes submitted by
Presenters (other than to remove identifiers, when necessary).

SUMMARY AND RECOMMENDATIONS

- a) Eligibility: Yes
- b) Rationale for Eligibility: frequent interventions and monitoring of health status. Strict timetable for feeds and care, medication administration, BiPAP monitoring. The risk of harm is significant and high technology needs. s.22
- c) Hours Allocation: Requesting 36 or 40 hours per week
- d) Rationale for Hours: s.22 on the cusp of the Moderate – High range when using the Direct Home Nursing Hours Tool
- e) Recommended Care Team: RNs or LPNs; will need to take the Home Trach/Ventilator course from BCCH.
- f) Discharge Criteria:
- g) Reassessment Date:

INFORMATION OBTAINED FROM:
BCCH Discharge Planning RN, mother. Some chart records.

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME: CF	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD) Dec. 20, 2011
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Not Responsive

SUMMARY AND RECOMMENDATIONS

- a) Eligibility: Yes / No
- b) Rationale for Eligibility:
- c) Hours Allocation: Request School hours : 30 hours/week and up to 5 hours transportation/week
- d) Rationale for Hours: Due to complexity of care, the knowledge, skills and judgement of a nurse are required for respiratory assessment, and assessment of subtle signs of compromise that may require timely intervention for safe and appropriate care at school. This is due to risk of harm due to observation necessary for intervention in regards to excessive vomiting, clearing airway, possible aspiration and pneumonia.

e) Recommended Care Team: ^{s.22}

f) Discharge Criteria: No longer at risk for airway obstruction and risk of aspiration with reduced vomiting and skill of needed care giver to judge when and how to correctly suction. Able to manage own secretions and clear airway with no risk of airway obstruction.

g) Reassessment Date:

INFORMATION OBTAINED FROM:

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME MW	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD) 2012/02/10
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*Note: Recorder has not edited presentation notes submitted by
Presenters (other than to remove identifiers, when necessary).

SUMMARY AND RECOMMENDATIONS

- a) Eligibility: Yes / No
- b) Rationale for Eligibility: ^{s.22} requires the care and judgement of a nurse in absence of a parent for airway management due to absent gag and poor swallowing ability and overall complexity of care.
- c) Hours Allocation: request is for 24 hours per week
- d) Rationale for Hours: moderate risk of harm from adverse events, high number of body systems significantly and currently affected, high inability to communicate need

for care, moderate degree of nursing judgement required and moderate unpredictable symptoms and care requirements.

e) Recommended Care Team: LPN/RN

f) Discharge Criteria:

g) Reassessment Date: annual

INFORMATION OBTAINED FROM: mom, reports from ortho, peds,

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME sf	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD) 2012-01-09
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*Note: Recorder has not edited presentation notes submitted by
Presenters (other than to remove identifiers, when necessary).

SUMMARY AND RECOMMENDATIONS

a) Eligibility: Yes / No

b) Rationale for Eligibility: Nursing judgement is required in the absence of the parents to address the overall complexity of ^{s.22} care, the need for close monitoring due to reflux and vomiting and the potential for aspiration.

c) Hours Allocation:

Requesting 24 hours/week

d) Rationale for Hours:

Moderate frequency of nursing intervention, moderate unpredictable symptoms, moderate inability to alter tasks, total assistance with ADLs, moderate degree of nursing judgement required, moderate risk of harm from adverse events, moderate degree of dependence on technology.

e) Recommended Care Team: RN/LPN

f) Discharge Criteria:

g) Reassessment Date:

INFORMATION OBTAINED FROM:

Mother, Nursing staff at Hospital, Pediatrician, Dr.

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD)
		2012-01-13

Not Responsive

SUMMARY AND RECOMMENDATIONS

h) Eligibility: Yes / No

Rationale for Eligibility:

- Child's severity and complex symptoms in addition to ^{s.22} response to rescue medication gives rise to potential life threatening situation for caregiver to respond to.

Hours Allocation:

- Request 12hr/week respite for approx. 2 months post-op. Review at that time

i) Rationale for Hours:

j) Recommended Care Team:

k) Discharge Criteria:

l) Reassessment Date:

INFORMATION OBTAINED FROM: Cardiologist, Neurologist, Family Support Worker, Child Protection SW, Parent

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD) 2012/01/12
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SUMMARY AND RECOMMENDATIONS

Congenital heart disease is the most common human birth defect.

One source says "transplant patients have overall survival at around 80 percent to 85 percent at 1 year and 70 to 75 percent at 5 years. About 50% of transplant recipients make it out more than 12 years."

These children have a high prevalence of gastroesophageal reflux, vocal cord paralysis, oromotor dysfunction, and oral aversion. Feeding difficulties are an ongoing concern. Children who have had surgery for heart disease as infants are at greater risk of neurodevelopmental problems. By school age they tend to have more academic, behavioural and coordination difficulties than other children. Early intervention leads to better outcomes.

Following ECMO the rate of sensorineural disabilities in infants who survive following ECMO averages 6%. Developmental delay occurs in 9%, abnormal brainstem auditory-evoked response (BAER) with mild-to-moderate threshold elevation is seen in 25% of children following ECMO at discharge. This usually resolves. Sensorineural hearing loss is documented after age 1 year in 9% of children following ECMO. Psychosocial problems following ECMO includes increased frequency of social problems, academic difficulties at school age and higher rates of attention deficit disorder.

s.22 The support and this family receive during early recovery period post transplant will help ensure survival.

s.22

s.22

which is contrary to the usual protocol of keeping infants on steroids for only 3 months. A biopsy is recommended prior to steroid wean. Possible nephrotoxicity from elevated serum levels due to the immunosuppression drugs.

Biopsies- First cardiac biopsy s.22 weeks post transplant

s.22 Biopsy was s.22

Second biopsy recommended prior to steroid wean at 6 months post transplant due to immunological status. Annual biopsy for at least 5 years from the time of transplant. Angiograms are done on an annual basis.

Annual evaluation:

s.22

Recommendations:

m) Eligibility: complex cardio-respiratory assessments for subtle signs of compromise requiring the knowledge, judgment, and skill of a nurse. Assessment for aspiration when child vomits.

n) Hours allocation: Asking for 24 hours.

Rationale for Hours:

1. Frequency of intervention required- moderate
2. Unpredictable symptoms and care requirements -Low
3. High Inability to alter timing of scheduled tasks
4. Low to Moderate Severity of symptoms
5. Moderate number of body systems affected GI, Cardiovascular, respiratory, neurological
6. Complexity of nursing assessments- Low
7. Complexity of nursing interventions-Low
8. Dependence for ADL's- High
9. Degree of nursing judgment required-Moderate
10. Degree of ongoing deterioration- low to moderate
11. Likelihood/frequency of adverse events-moderate
12. Risk of harm from adverse events - moderate
13. Inability to communicate need for care- High
14. Complexity of technology/biomedical equipment-Low
15. Amount of biomedical equipment-low
16. Degree of dependence on technology-low
17. Frequency/duration of need for technology/biomedical equipment-high

o) Recommended care team: RN/LPN

p) Reassessment date: 6 months or if change of condition requiring more or less interventions that require the knowledge, judgement and skill of a nurse.

Discharge criteria: No longer has care needs requiring the knowledge, judgement, and skill of a nurse in the absence of parents, as evidenced by one or more of the following:

- No longer has vocal cord paralysis
- No longer requires NG tube feeds which make up the majority of s.22 nutrition
- NG tube feeds no longer complicated by reflux and risk of aspiration.

SUMMARY AND RECOMMENDATIONS

- a) Eligibility: Yes
- b) Rationale for Eligibility: Respiratory assessment including oral pharyngeal suctioning and oxygen titration requires the knowledge, judgment and skill of a nurse
- c) Hours Allocation:

- d) Rationale for Hours: high risk of harm from adverse events, high inability to direct own care, unpredictable care needs requiring immediate intervention.
- e) Discharge Criteria: Respiratory stability as evidenced by no need for oral pharyngeal suctioning, no longer requires titration of oxygen
- f) Reassessment Date: January 2013

INFORMATION OBTAINED FROM:

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD)

*Note: Recorder has not edited presentation notes submitted by Presenters (other than to remove identifiers, when necessary).

SUMMARY AND RECOMMENDATIONS

- a) Eligibility: Yes / No
- b) Rationale for Eligibility: Complex respiratory assessment requiring the knowledge, skill and judgement of a nurse to recognize subtle changes in child's respiratory condition and to provide appropriate interventions such as administration of nebulizers, deep suctioning and oxygen titration.
- c) Hours Allocation:
- d) Rationale for Hours:
- e) Discharge Criteria: No longer requires complex respiratory assessments and related interventions.
- f) Reassessment Date:

INFORMATION OBTAINED FROM:
Parents

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD) 2011-12-14
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Not Responsive

SUMMARY AND RECOMMENDATIONS

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- g) Eligibility: Yes / No
- h) Rationale for Eligibility: Requires the knowledge, judgement and skill of a nurse in the absence of parents to provide s.22
- i) Hours Allocation: 56hrs per week
- j) Rationale for Hours: s.22
- k) Discharge Criteria: No longer requires s.22
- l) Reassessment Date: Annually

INFORMATION OBTAINED FROM: NSS chart, ,, Hospital, Parents, Dr. .

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD) 2011-06-08
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Not Responsive

SUMMARY AND RECOMMENDATIONS

a) Eligibility:

b) Rationale for Eligibility: The knowledge, judgement and skills of a nurse are required in the absence of parents due to the need for NG tube meals which make up the main nutrition and are complicated by a complex cardiac condition, GERD, vomiting, poor feeding tolerance and risk for aspiration.

c) Hours Allocation:

32 hours/week currently – would like this increased to 40 hrs/week.

d) Rationale for Hours:

Moderate frequency of nursing intervention, moderate unpredictable symptoms, moderate inability to alter tasks, total assistance with ADLs, moderate degree of nursing judgement required, moderate risk of harm from adverse events, high degree of dependence on technology. Hours were increased within the moderate range due to

e) Recommended Care Team: RN/LPN

f) Discharge Criteria:

No longer requires NG tube meals or

The knowledge, judgement and skill of a nurse are no longer required to administer NG tube meals as evidenced by one or more of the following: NG tube meals no longer make up the majority of the feed, decreased impact of cardiac condition on feeding, improved GERD and feeding tolerance, decreased risk of aspiration.

g) Reassessment Date: January 2013

A&A Recommendations: Explore whether there are other resources available

INFORMATION OBTAINED FROM:

Mother, Pediatrician, s.22

Cardiology

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD)
Leanne Johnson RN BSN		2012-03-01

*Note: Recorder has not edited presentation notes submitted by Presenters (other than to remove identifiers, when necessary).

SUMMARY AND RECOMMENDATIONS

m) Eligibility: Yes

n) Rationale for Eligibility: The knowledge, judgment and skill of a nurse is required in the absence of parents for continuous, complex respiratory assessment, support and to determine and provide interventions in the event of an adverse event.

o) Hours Allocation: 36 hours

p) Rationale for Hours: The knowledge, judgment and skill of a nurse is required in the absence of parents for continuous, complex respiratory assessment, support and to determine and provide interventions in an adverse event.

q) Recommended Care Team: RN, LPN

f) Discharge Criteria:

- Less for Bipap support during awake hours
- Overall improvement in cardio respiratory status, with predictable oxygen needs.
- No longer requires continuous complex respiratory assessment and support.

g) Reassessment Date: 1 year

INFORMATION OBTAINED FROM: BCCH medical team, parents

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME r RN	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD) 2011/09/14
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*Note: Recorder has not edited presentation notes submitted by
Presenters (other than to remove identifiers, when necessary).

SUMMARY AND RECOMMENDATIONS

a) Eligibility: Yes / No

b) Rationale for Eligibility:

Requires the knowledge, skills and judgment of a nurse in the absence of his mother (sole trained caregiver) for set-up, monitoring, and disconnect of peritoneal dialysis system ^{s.22}

c) Hours Allocation:

Requesting high moderate hours of 36 hours/week to be used when peritoneal dialysis is running.

d) Rationale for Hours:

Determined per NSS Allocation of Home Nursing Hours tool to fall within moderate and high level care requirements. High inability to direct care needs related to age. Moderate amount and complexity of biomedical equipment with high degree of dependence on that technology. Moderate levels of nursing assessments and interventions.

e) Discharge Criteria:

No longer requires peritoneal dialysis therapy.

f) Reassessment Date:

July 20, 2012 (annually).

SUMMARY AND RECOMMENDATIONS

Congenital heart disease is the most common human birth defect. Children with hypoplastic left heart syndrome are a group of infants with particularly challenging congenital heart disease whose clinical outcomes can be improved by planning for their ongoing needs. These children undergo a series of palliative surgical procedures over the first years of life. Mortality has been reported as high as 15% to 25 % between the first and second surgical stages despite improvement in surgical technique, postoperative management and perfusion strategies. Complications from the Norwood/Sano procedure are: Blockage of the artificial shunt, chronic diarrhea, ascites, pleural effusion, heart failure, heart rhythms which are irregular or tachycardic, stroke and neurological complications, sudden death. Highest risk for complications is between the first and second surgery. Standardization of management during the interstage has demonstrated improvement in outcome. These strategies are a written medication list, written nutritional plan, written red flag list and identification of when communication is important. Red flags are: increasing cyanosis, poor feeding, poor weight gain, weight loss or respiratory distress. Regular oximetry and weight checks

are required. ^{s.22}

These children have a high prevalence of gastroesophageal reflux, vocal cord paralysis, oromotor dysfunction, and oral aversion. Feeding difficulties are an ongoing concern. With good interstage care the prognosis is improved and there is a decrease in the need for emergency room visits.

Children who have had surgery for heart disease as infants are at greater risk of neurodevelopmental problems. By school age they tend to have more academic, behavioural and coordination difficulties than other children. Early intervention leads to better outcomes.

Following ECMO the rate of sensorineural disabilities in infants who survive following ECMO averages 6%. Developmental delay occurs in 9%, abnormal brainstem auditory-evoked response (BAER) with mild-to-moderate threshold elevation is seen in 25% of children following ECMO at discharge. This usually resolves. Sensorineural hearing loss is documented after age 1 year in 9% of children following ECMO. Psychosocial problems following ECMO includes increased frequency of social problems, academic difficulties at school age and higher rates of attention deficit disorder. Neuromotor deficits range from mild hypotonia to gross motor delay and spastic quadriplegia.

^{s.22}

The support and this family receive during r critical interstage period will help ensure survival.

Plan is for discharge home from BCCH, ^{s.22}

Follow-up appointments weekly for first 3 weeks with cardiologist then every 2 to 3 weeks until next surgery. Contact with Cardiac Nurse Specialist 2 times a week for first month to go over weights and SaO₂s then once a week until next surgery.

Recommendations:

a) Eligibility: complex cardio-respiratory assessments for subtle signs of compromise requiring the knowledge, judgment, and skill of a nurse.

b) Hours allocation: Asking for 36 hours.

Rationale for Hours: Moderate Inability to alter timing of scheduled tasks

Moderate Severity of symptoms

Moderate Likelihood/frequency of adverse events

Moderate Number of major body systems affected: Cardiovascular-respiratory, GI, Neurological

Moderate Unpredictable symptoms and care requirements

c) Recommended care team: RN/LPN

d) Reassessment date: One month following ^{s.22} or annually

Discharge criteria: The knowledge, judgement, and skill of a nurse is no longer required for complex cardio respiratory assessment

- INFORMATION OBTAINED FROM: ^{s.22} Medical records, Congenital Heart Disease 2011;6:98-107, emedicine.medscape.com/article/1818617, BCCH health topics for professionals.

ASSESSED AND SUBMITTED BY:

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SUMMARY AND RECOMMENDATIONS

- e) Eligibility: Yes / No
- f) Rationale for Eligibility: NG tube feeding is the primary source of nutrition complicated by continuous feeds, reflux, laryngomalacia, poor head control and recent respiratory failure resulting in severely damaged lung parenchyma requires complex respiratory assessment which requires the knowledge, judgement and skills of a nurse in the absence of parents.
- g) Hours Allocation: 12 hours per week
- h) Rationale for Hours: low frequency of care needs, moderate risk of harm from adverse events; low inability to later timing of scheduled tasks, high dependence for ADLs; low complexity of tasks.
- i) Discharge Criteria: No longer requires continuous NG feedings
- j) Reassessment Date: 3 months

INFORMATION OBTAINED FROM:
discharge summary
records
(mother)

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD)
		2011-07-04

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Presenters (other than to remove identifiers, when necessary).

SUMMARY AND RECOMMENDATIONS

- a) Eligibility: Yes
- b) Rationale for Eligibility: Complexity of care requiring the knowledge, skills and judgment of a nurse in the absence of parents to monitor: intake and output in consultation with BCCH, oral intake related to bloodwork results, nasogastric tube feeds prn in consultation with BCCH, complicated by recurrent reflux, emesis, and monitoring for subtle signs of respiratory, cardiac compromise in consultation with BCCH
- c) Hours Allocation: 8 hours per week.
- d) Rationale for Hours: low degree of nursing judgment required, moderate unpredictable symptoms and care requirements, moderate number of body systems significantly and currently affected, low complexity of nursing assessments, moderate risk of harm from adverse events,
- e) Discharge Criteria:
- f) Reassessment Date: annually

INFORMATION OBTAINED FROM:

-
- transplant clinic

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD) 2011-05-25
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Presenters (other than to remove identifiers, when necessary).

Not Responsive

Recommendations: (If Direct Care, include Admission and Advisory Committee Date and Recommendations)

Reassessment Date: 16-Jun-2012

Eligibility: R

Rationale for Eligibility:

Daily peritoneal dialysis requires the knowledge, skill and judgement of a RN.

Hours of Allocation: 12 hours per week

Rationale for Hours:

Moderate Inability to alter timing of scheduled nursing interventions

High Number of body systems significantly and currently affected

Moderate Complexity of nursing interventions

High Dependence for Activities of Daily Living (ADL's)

Moderate Degree of ongoing deterioration

Low to moderate Likelihood/frequency of adverse events

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High Risk of harm from adverse events

High Inability to communicate need for care, safely direct care and/or safely perform care

Recommended Care Team:

Discharge Criteria:

When no longer requires PD, s.22 PD. , or when is capable of independently performing

Information Obtained From:

mom

Medical reports

Previous assessments

Summary:

Recommendations:

Page 7 of 8 Date Printed: June 17, 2011 10:08 am

Not Responsive

SUMMARY AND RECOMMENDATIONS:

- a) Eligibility: Yes
- b) Rationale for Eligibility: The knowledge skill and judgement of a nurse is required in the absence of parents for complex respiratory assessment due to 100% dependency on BiPAP, increased risk for aspiration due to GERD and severe hypotonia. s.22
- c) Hours Allocation: 56 plus 10 due to the s.22
- d) Rationale for Hours: high degree of dependence on technology, high risk of harm from adverse events, high severity of symptoms, high dependence on ADL's, high complexity of tasks, high complexity of nursing assessment.
- e) Recommended Care Team: RN
- f) Discharge Criteria: s.22 no longer requires complex respiratory assessment and is no longer dependent on BiPAP.
- g) Reassessment Date: annually

INFORMATION OBTAINED FROM: discussion with family, notes from BCCH, discussion with discharge coordinator.

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD)
		2011/06/23

Not Responsive

SUMMARY AND RECOMMENDATIONS

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a) Eligibility: Yes/No

b) Rationale for Eligibility: (moderate– Faith)

Inability to alter timing of scheduled nursing intervention: high
Dependence for ADLs: high
Risk of harm from adverse events: high
Inability to communicate needs for care: high
Frequency/duration of need for equipment: moderate to high
Complexity of nursing assessments: moderate
Frequency of intervention required: moderate
Degree of nursing judgment required: moderate
Complexity of technology/biomedical equipment: low

c) Hours Allocation: 20 - 24 - per week

d) Rationale for Hours:

e) Recommended Care Team:

f) Discharge Criteria:

g) Reassessment Date:

INFORMATION OBTAINED FROM:

Mother, Transplant ClinicIS, NC, Transplant Clinic, DieticIS,HEN Program, SW, BCCH

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME FI	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD) 2011-06 - 06

Not Responsive

SUMMARY AND RECOMMENDATIONS

h) Eligibility: Yes / No

i) Rationale for Eligibility: Complex dressing changes including popping blisters and observation for infection as well as nursing assessment for wound or skin care requires the knowledge, judgement and skill of a nurse in the absence of parents.

j) Hours Allocation:

k) Rationale for Hours:

l) Discharge Criteria:

m) Reassessment Date:

INFORMATION OBTAINED FROM:

SUMMARY AND RECOMMENDATIONS

- a) Eligibility: Yes / No
- b) Rationale for Eligibility:
- c)
- d) Hours Allocation:
- e) Requesting high hours 48 hours due to high care needs
- f) Rationale for Hours:
- g) Recommended Care Team: RN/LPN
- h) Discharge Criteria:
- i) Reassessment Date:

INFORMATION OBTAINED FROM: Medical reports, Endocrine nurse clinician, MCFD SW and parent.

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD) 2010/05/09
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SUMMARY AND RECOMMENDATIONS

Currently receiving

- 32 hours per week NSS respite. (20:00 - 04:00 hours 4 nights per week)
- s.22
-
-
-
-

a) Eligibility: Yes

- b) Rationale for Eligibility: The set-up, administration and take down of TPN requires the care, skill and judgement of a nurse in the absence of the parent.
- c) Hours Allocation: Request is to maintain 32 hours per week.
- d) Rationale for Hours: As per Direct Home Nursing Hours Tool – moderate category
- e) Recommended Care Team:
- f) Discharge Criteria:
- g) Reassessment Date:

INFORMATION OBTAINED FROM:

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME Tina Pettie	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD) 2011/02/28
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Not Responsive

SUMMARY AND RECOMMENDATIONS

j) Eligibility: Yes

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k)
l) Rationale for Eligibility: s.22 on going complex cardio respiratory assessment and intervention and complex pain and symptom management require the knowledge, judgement and skills of a nurse in the absence of the parent

m) Hours Allocation: 4-56 hours per week

n) Rationale for Hours:

o) Discharge Criteria: s.22

p) Reassessment Date: Annually

INFORMATION OBTAINED FROM:

Parents

s.22

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD)
		2011/05/05

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SUMMARY AND RECOMMENDATIONS

a) Eligibility: Yes

b) Rationale for Eligibility: The knowledge, judgment and skill of a nurse is required in the absence of parents for the administration of nasogastric tube feeds, complicated by reflux, providing the majority of her nutrition, complicated by a complex cardiac condition requiring cardiorespiratory assessments to recognize subtle signs of compromise, adjustment of oxygen as needed.

c) Hours Allocation: 20 - 24 hrs per week

d) Rationale for Hours: moderate unpredictable symptoms and care requirements, high number of body systems affected, moderate complexity of nursing assessments, moderate degree of nursing judgment required, moderate risk of harm from adverse events, moderate amount of biomedical equipment

e) Discharge Criteria:

No longer requires the knowledge, judgment and skill of a nurse in the absence of parents, as evidenced by one or more of the following:

- No longer requires NG tube feeds that make up the majority of nutrition

- No longer requires complex cardiorespiratory assessments

f) **Reassessment Date:**

INFORMATION OBTAINED FROM:
mother

nurse clinician, Cardiology Clinic, BCCH
Liaison discharge summary

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD) 2011-05-16
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Not Responsive

SUMMARY AND RECOMMENDATIONS

a) Eligibility: Yes / No

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b) Rationale for Eligibility:

Complex dressing change including lancing of blisters, as well as nursing assessment, and observation for infection requires the knowledge, judgement and skill of a nurse in the absence of parents.

c) Hours Allocation:

d) Rationale for Hours:

- High inability to direct or perform her own care
- Moderate degree of ongoing deterioration
- High dependence for ADL's
- Moderate complexity of tasks – decision on dressing materials, splinting made out of foam based on current condition of skin or blister formation.
- No secondary form of respite is available.

e) Recommended Care Team:

f) Discharge Criteria:

No longer requires the knowledge, judgement and skill of a nurse in the absence of parents, as evidenced by:

- Dressings less complex, less frequent, more predictable and no longer requires complex nursing assessments and observations OR
- Able to direct or perform^{s.22} own care.

g) Reassessment Date: Annually

INFORMATION OBTAINED FROM: Parents, Involved Community Health Professionals, NSS direct care agency.

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD)
LH		2011-05-19

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SUMMARY AND RECOMMENDATIONS

- a) Eligibility: Yes / No
- b) Rationale for Eligibility: Knowledge, judgement and skill of a nurse required in absence of a parent for ongoing assessment of cardiac and respiratory function. Titration of oxygen in response to cardio respiratory assessments.
- c) Hours Allocation: low hours – 8 per week
- d) Rationale for Hours: As per determination of direct home nursing hours tool
- e) Discharge Criteria: increased stability with cardiac and respiratory function so that knowledge, judgement and skill of a nurse is no longer required in absence of a parent.
- f) Reassessment Date: annual

INFORMATION OBTAINED FROM: parent, Dr. , Dr. , -cardiac clinician BCCH, nurses.

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME SF	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD) 2011-04-29
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Not Responsive

SUMMARY AND RECOMMENDATIONS

g) **Eligibility:** Yes

h) **Rationale for Eligibility:**

Complex respiratory needs, including oxygen assessment needs during the day with monitoring of BiPAP during afternoon naps and at night which is dependent upon requiring the knowledge, judgement and skill of the Nurse.

i) **Hours Allocation:** requesting 42 – 48 hours per week

j) **Rationale for Hours:** 3 months in hospital, compromised respiratory system, moderate frequency of intervention to complex needs, moderate complexity of technology

k) **Recommended Care Team:**

- RNs^{s.22}
- LPNs if parent is home
- ^{s.22}

l) **Discharge Criteria:**

Respiratory stability as evidenced by:

- Is less dependent on BiPAP
- O2 or emergency titration is reduced
- Complexity of respiratory assessment is lessened
- Seizures activity is controlled by medication
- Suctioning for clearance of secretions no longer needed
- No longer at risk for aspiration
- **Reassessment Date:**
 - End of one year

INFORMATION OBTAINED FROM:

, RN, Clinical Nurse Leader - ICU, BCCH , message:
: Home Ventilation, BCCH

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Not Responsive

SUMMARY AND RECOMMENDATIONS

m) Eligibility: yes

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- n) Rationale for Eligibility: complex respiratory needs including oxygen titration and monitoring of BiPAP, complex respiratory assessment and monitoring requires the knowledge, judgement and skills of a nurse trained in ventilation.
- o) Hours Allocation: 56 hours/week
- p) Rationale for Hours: high risk of harm from adverse events, high inability to direct own care, unpredictable care needs requiring frequent intervention, high complex technology needs, dependency on ventilation and oxygen.
- q) Discharge Criteria: Respiratory stability as evidenced by: no longer dependent on BiPAP, no longer requires titration of oxygen and no longer requires complex respiratory assessment.
- r) Reassessment Date: 6 months

INFORMATION OBTAINED FROM: NICU discharge planning nurse, RT from NICU, mother and NICU nurses.

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD) 2011/05/02
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Not Responsive

SUMMARY AND RECOMMENDATIONS

- a) Eligibility: Yes
- b) Rationale for Eligibility: I level of care requires the skill, knowledge and judgement of a nurse in the absence of parents.
- c) Hours Allocation: mid hours requesting 24 per week would like to request an increase to 42 hours per week. this would allow for 7 days a week 6 hours a day
- d) Rationale for Hours: moderate need for technology, moderate degree of ongoing deterioration, moderate degree of nursing judgement, high dependency for ADL's, high risk of harm from adverse events, high frequency of care needs, high complexity of care needs,
- e) Recommended Care Team: RN/ LPN

f) Discharge Criteria: No longer requires complex respiratory assessment and interventions

g) Reassessment Date: six months

INFORMATION OBTAINED FROM:

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD)
Pam McCluskey		2012/01/26

Not Responsive

SUMMARY AND RECOMMENDATIONS

- h) **Eligibility:** Yes
- i) **Rationale for Eligibility:** Tracheostomy care and ventilator management requires the knowledge, judgment, and skill of a nurse in the absence of a parent.
- j) **Hours Allocation:** Requesting 66 – (56 plus additional 10) as majority of care to be received at night.
- k) **Rationale for Hours:** High frequency of care, high risk of harm from adverse events, high dependence on technology and biomedical equipment, high unpredictability of symptoms
- l) **Recommended Care Team:** RN
- f) **Discharge Criteria:** Decannulation of tracheostomy OR able to safely direct or perform all aspects of s.22 trach care OR requires minimal routine trach care and has sufficient breathing time without the trach so that care can be managed by a non-nurse with a clear emergency plan

g) **Reassessment Date:**

INFORMATION OBTAINED FROM:

s.22 - Home trach/vent program BCCH
mother
s.22 – ICU nurses

ASSESSED AND SUBMITTED BY:

NSS COORDINATOR NAME Laura Eeg	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD) 2012/01/30
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Presenters (other than to remove identifiers, when necessary).

Not Responsive

Summary and Recommendations

Eligibility:

Rationale For Eligibility:

The knowledge, skills and judgement of a nurse are required for complex respiratory assessments and interventions including suctioning and BiPAP

Hours Of Allocation: 66 HOURS/ WEEK PLEASE

Rationale For Hours:

high frequency of intervention required, high likelihood/frequency of adverse events, high risk of harm from adverse events, high degree of nursing judgment required, high complexity of nursing interventions

Discharge Criteria:

The knowledge, skills and judgement of a nurse are no longer required for complex respiratory assessments and interventions including suctioning and BiPAP.

Reassessment Date:

Information Obtained From:

parents, intermediate care nursery charts and staff, TCU staff
PARENTS

s.22

LEAH DOBELL, NSS

Copies To Be Sent To:

NO NOTES ENTERED.

Casenotes *May have been added after assessment completed.*

NSS Coordinator Name:

NSS Coordinator Signature: Date Signed:

Authorisation Details

----- End of Report -----

Not Responsive

SUMMARY AND RECOMMENDATIONS

- a) Eligibility: Yes
- b) Rationale for Eligibility: In absence of parents this child requires the skill and judgment of a nurse due to the complexity of airway management and severe obstructive sleep apnea. Dependant upon non invasive ventilation via BiPAP when sleeping or naps. Oximetry is required during sleep and naps.
- c) Hours Allocation: asking for moderate hrs of 36hours per week.
- d) Rationale for Hours:
Moderate inability to alter timing of care. s.22
Moderate possibility/frequency of adverse events-Dependant on non-invasive ventilation- BiPAP for sleeping
Moderate severity of symptoms
Moderate number of body systems affected- respiratory, neurological system
Moderate complexity of technology/biomedical equipment- BiPAP, oximetry.
- e) Recommended Care Team: RN LPN
- f) Discharge Criteria: When client is no longer dependant on non invasive ventilation to sustain oxygen saturation
- g) Reassessment Date: one year

INFORMATION OBTAINED FROM: parent, client chart, s.22 (outpatient Respiratory Therapist at BCCH).

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Summary and Recommendations

Eligibility:

Rationale For Eligibility:

- Overall complexity of care requiring the skill, knowledge and judgment of a nurse to recognize subtle changes
- Timing and duration of nursing care is frequent, unpredictable, and requires the knowledge and skill to be able to suction and place BiPaP in response to respiratory distress.
- Risk of harm if BiPaP is not monitored ^{s.22}

Hours Of Allocation: 56 + 10 HOURS

Rationale For Hours:

- High unpredictability of symptoms and care needs
- High complexity of nursing assessments and interventions
- High dependence for ADL's
- High risk of harm from adverse events
- High degree of dependence on technology/biomedical equipment.
- High inability to direct own care.
- No other form of support/respite available

Discharge Criteria:

- No longer requires complex respiratory assessments and interventions
- No longer requires bipap ventilatory and/or oxygen support
- Reassess in 1 year

Reassessment Date: 21-Mar-2013

Information Obtained From:

Parents, BCCH
PARENTS

Copies To Be Sent To:

NO NOTES ENTERED.

Casenotes *May have been added after assessment completed.*

NSS Coordinator Name:

NSS Coordinator Signature: Date Signed:

Not Responsive