BCEHS | BC Emergency Health Services

COMMUNITY PARAMEDICINE

REQUEST FOR PATIENT-SPECIFIC SERVICE

Name:_____

PHN:_____

Date of Birth:_____

Date of Request:_____ **Status:** ☐ New Request ☐ Renewal **Community Name:**_____

PATIENT INFORMATION

Gender: ☐ Male ☐ Female ☐ Undefined

Address:	**City/Town, Province:**	**Postal Code:**
Phone Number:	**Primary Language:** ☐ English ☐ French ☐ Other:	

Co-Habitants: ☐ Spouse ☐ Parent(s) ☐ Community Caregiver ☐ Sibling(s) ☐ Child ☐ Other:

Emergency Contact Information: name, relationship to client, best contact phone number

☐ Schedule appointments with contact

REQUEST INFORMATION

Requested Start Date: **Priority:** ☐ Urgent ☐ Non-Urgent

Expected Duration of Service*: ☐ One time visit ☐ Once a week over 1 / 2 / 3 / 4 / 5 / 6 months (circle)

☐ Twice a week over 1 / 2 / 3 / 4 / 5 / 6 months (circle) ☐ Other: _____

***Please note that this request is valid for a maximum of 6 months; a new request will be required if services are to continue**

Primary Diagnosis:	**Patient Goal:**

History:

☐ *Medication list attached*

Advanced Directive: ☐ Yes (please attach) ☐ No	**Risks Identified:** ☐ *Safety Check attached*

Request initiated at: ☐ Discharge rounds ☐ Inter-Disciplinary / Home Health Team ☐ Emergency Department ☐ Physician / NP Office ☐ Walk-In Clinic ☐ Other _____

SERVICES REQUESTED

ALL PATIENTS ON FIRST VISIT	☐ DIABETES	☐ PALLIATIVE SUPPORT^
☑ Initial assessment screen	☐ Capillary blood glucose	☐ Palliative assessments
☑ Falls risk screen	☐ Glucose meter use/maintenance	☐ Comfort care measures
☑ Patient home safety checklist	☐ Review hypoglycemia	☐ Pain and symptom management review
☑ Head-to-toe assessment	☐ Foot assessment/footcare teaching	☐ Support discussions on advanced care plans, goals of care, MOST form
☑ Vital signs (TPR, BP, SpO2)	☐ Home Health Monitoring (HHM)^	
☐ COPD	**☐ HEART FAILURE**	**☐ OTHER ASSESSMENTS**
☑ Review flare-up action plan	☑ Review heart failure zones	☐ _____
☐ Inhaler device use/maintenance	☐ Blood pressure monitoring	☐ _____
☐ Peak flow meter use	☐ Weight check	☐ _____
☐ O2 equipment use/maintenance	☐ Home Health Monitoring (HHM)^	☐ _____
☐ CPAP/BiPAP use/maintenance		☐ _____
☐ Home Health Monitoring (HHM)^		☐ _____

^HHM AND PALLIATIVE SERVICES ARE AVAILABLE AT DESIGNATED LOCATIONS – FOR MORE INFORMATION, CONTACT YOUR COMMUNITY PARAMEDIC

Patient Specific Directions/Orders:

REQUESTING PROFESSIONAL

Provider Name: (please print)	Signature:	Contact Number:
Professional: ☐ **MD** ☐ **NP** License Number: _____ ☐ **RN** ☐ other: _____		Fax Number:

RETURN COMPLETED FORMS TO THE COMMUNITY PARAMEDICINE OFFICE VIA FAX 1-250-953-3119

For request processing or appointment booking inquiries, please contact: 1-855-353-5116 or email cp.coordinators@bcehs.ca

The BC Community Paramedicine Program accepts requests for service for patients living in the community with heart failure (HF), chronic obstructive pulmonary disease (COPD), diabetes; at increased risk for falls; and/or requiring palliative support.

These patients require assessment or education in their home to support achieving their self-management goals, improving their health outcomes or support patients to remain in their home at end of life, and reducing emergency room visits as well as hospital stays.

Patient Eligibility Criteria:

- diagnosis of HF, COPD or diabetes; and/or
- requires an in-home assessment of falls risk; and/or
- requires palliative support

Request Completion Guidelines:

- Requests for service will remain open for 6 months. If services are required beyond 6 months, a new request form must be submitted.
- Indicate on the request form the expected duration of service: one time visit (e.g. falls risk assessment) vs. multiple visits over weeks/months (e.g. COPD patient with frequent exacerbations requiring review of Flare-up Action Plan and inhaler device use).
- Indicate on the form what goal(s) you are trying to achieve through CP home visits.
- The following baseline assessments are carried out on all patients:
    - Initial assessment screen +/- the following:
        - pain assessment if patient has or has had any pain or soreness in the previous 2 weeks
        - medication self-management and generation of medication list if patient is on any medications
        - pressure ulcer risk assessment if patient is chair or bed-bound with impaired ability to reposition themselves.
        - mental health screens for depression, anxiety, and drug or alcohol dependence are completed after discussion with the health care team. These screens are not complete mental health assessments and are only done as an initial screen to determine the patient's mental status in order to determine if further evaluation by a trained professional is needed.
    - Vital signs (TPR, BP, SpO_2)
    - Head-to-toe physical assessment
    - Falls risk assessment and patient home safety screen
- Assessments done during subsequent visits are based on the patient's diagnosis and are guided by clinical practice guidelines specifically created to support CP practice.
- Additional assessments or education are to be selected as needed:
    - Diabetes: capillary blood glucose, glucose meter use review, hypoglycemia recognition and treatment, foot assessment/footcare teaching.
    - COPD: review Flare-up Action Plan, peak flow meter use, Inhaler device and maintenance review, O_2 equipment use and maintenance, CPAP/BiPAP use and maintenance
    - HF: review of heart failure zones , blood pressure monitoring, and weight check
    - Palliative: assessments [symptoms (ESAS-r, OPQRSTUV), performance scale (PPSv2), pain (PAINAD), confusion (CAM with PRISME), supportive and palliative indicators (SPCIT)], support pain and symptom management, support patients and care givers with discussions around disease progression, advanced care plans, wishes/goals of care and MOST form.
    - Requests for other assessments or education can be made and the CP, in collaboration with the Community Paramedicine leadership team, will determine if it is within scope of CP practice.
- Home Health Monitoring (HHM) can be arranged through CP services. Refer to HHM Eligibility Criteria to determine if your patient is eligible for home health monitoring.
- The CP will provide a report to the most responsible provider on a regular basis as determined by the team or immediately if further direction or alternative care is required.
- **Request form must be signed by the requesting professional (physician, nurse practitioner, registered nurse).** Patient reports/updates from CP services delivered will be returned to this designated requesting professional.