

## Regional Rehab Centre – Acquired Brain Injury Program

*This is a supplementary resource to the HHS ABI Inpatient Referral Checklist that outlines the admission criteria in more detail for the HHS Community Re-integration Unit or Slow to recover stream.*

### DEMOGRAPHICS

- Age 16 or older
- Ontario resident
- Moderate or severe brain injury
  - **Characterized by the presence of new brain imaging findings attributed to the acquired brain injury**
  - **For patients with traumatic brain injury, severity grading is based on the level of altered consciousness experienced by the patient following the injury, as outlined in Table 1.3 in Evidence-Based Review of moderate to severe ABI Clinical Guidebook ([https://erabi.ca/wp-content/uploads/2019/09/Ch1\\_Introduction-to-ABI.pdf](https://erabi.ca/wp-content/uploads/2019/09/Ch1_Introduction-to-ABI.pdf))**
- Functional Impairments *different from prior baseline* due to the following new diagnoses responsible for current hospital admission: Traumatic Brain Injury, Anoxic/Hypoxic Brain Injury, Intracranial aneurysms or hemorrhages, or Encephalitis
- Consideration may be given to patients with:
  - A primary benign brain tumour, once surgical and/or adjuvant treatment completed
  - Ischemic stroke with cognitive or behavioral impairments not able to be addressed on an inpatient stroke rehab unit
  - Concurrent medical conditions that may affect rehab participation

### MEDICALLY STABLE / NO ACUTE MEDICAL ISSUES:

- No Ventilators
- Stable respiratory status and tracheostomy
  - **No unresolved chest infection based on recent imaging / sputum microbiology**
  - **Oxygen requirements should be below an FiO<sub>2</sub> of 40%**
  - **Stable tracheostomy (uncuffed tube preferred; will consider cuffed if indicated)**
  - **Suctioning requirements are communicated (frequency, location, and reasons for suctioning e.g. desaturations, secretion management, etc.)**
- No nasogastric tubes
- No active suicidal plan and/or psychosis
- All diagnostic investigations completed
- Plans for pending surgical procedures (e.g. Bone flap insertion) or medical treatment (e.g. dialysis, addiction treatment) are specified on the referral form
- Stable vitals and laboratory results (no significant fluctuation within 72 hours prior to admission)
- No significant wound impeding ability to participate in high intensity rehab
- Referral is not due to impairments due to a progressive or degenerative disorder (e.g. Cancer, dementia, Parkinson's, etc.)
- Not undergoing radiation or chemotherapy that would affect rehab participation

### REHAB READY:

- Consistently follows one-step commands
- Demonstrates potential for improvement (e.g. carryover of new learning)
- Have completed a formal occupational and/or physiotherapy and/or speech language pathologist assessment with achievable rehab goals specified on the referral form

### DISCHARGE DESTINATION DISCUSSION:

- Repatriation Agreement will be required prior to admission
- Discharge planning and resources initiated in their community
- Discussion with patient and family regarding support and resources at home where applicable

***Rehab referrals are reviewed by the intake team prior to making a decision about rehab admission. Please contact our intake office if you have any questions.***

***Phone: 905 521-2100 Ext: 40807 Fax # 905 521-2359***