# Oxford County Paramedic Services
## Community Paramedic Referral Form
Please fill out fields, sign and **fax to Oxford County Paramedic Service** at **519-421-7363**

*Community Paramedic programs help moderate to severe chronic disease patients and frequent users of 911 to self-manage their conditions, and receive regular monitoring of vitals, health coaching, and physician approved treatment orders.*

**Patient Demographics:**

| Legal Name (First, Last): | Preferred Name: | Gender: ☐M ☐F ☐X | |
|---|---|---|---|
| Address: | City: | Province: | Postal: |
| Physician/Nurse Practitioner: | Primary Contact #: | Secondary Contact #: | |
| Health Card #: | Version Code: | Date of Birth (MM/DD/YY): | |
| Emergency Contact Name: | Relation: | Phone number: | |

- Has the patient ever been a participant of the Oxford County Community Paramedic Program? ☐ **Yes** ☐ **No** ☐ **Unsure**

- Has the patient ever received Community Paramedicine Remote Care Monitoring or Home & Community Support Services Tele-Monitoring program before? ☐ **Yes** ☐ **No** ☐ **Unsure**

- Does the patient have access to a primary care provider? ☐ **Yes** ☐ **No** ☐.

**Eligibility Screening (Select all that apply):**

☐ Patient has agreed to be referred to program **AND**

☐ Lacks in home support system/requires transitional support for a known period of time_____(specify) **OR**

☐ Patient has used 911/ED in past 12 months or is at risk of using 911 or visiting ED because of exacerbations related to the **following** chronic health conditions:

| Chronic Health Condition (select all that apply) | |
|---|---|
| ☐ CHF (Congestive Heart Failure) | ☐ UTI (Urinary Tract Infection) |
| ☐ COPD (Chronic Obstructive Pulmonary Disease) | ☐ Out of Range INR |
| ☐ DM (Diabetes Mellitus) | ☐ High Risk for Influenza Complications |
| ☐ HTN (Hypertension) | ☐ Palliative Approach to Care |

**Patient-Appropriate Program Referral Request:** You may choose more than one.

| What program are you referring your patient to? | Eligibility Criteria for Program |
|---|---|
| ☐ Palliative Approach to Care | ☐ Comfort care approach with goal to stay in the home |
| ☐ High Intensity Support in the Home (HISH) | ☐ Pt. requiring **short term** CP/nursing interim waitlist |
| ☐ Remote Patient Monitoring (RPM) **and** Chronic Disease Management (CDM)* | ☐ CHF, COPD, DM, HTN |
| ☐ Chronic Disease Management (CDM)* only | ☐ UTI, Out of range INR, High risk for Influenza Complications |

*Indicate antibiotic choice, dose, and duration if your patient is being referred to the CDM for COPD. Please provide below.*

**Additional Information Regarding Referral:**

**General Health Condition of the patient:**

| Mobility | ☐ Full assist ☐ Partial Assist ☐ Independent ☐ Other, specify_____ |
|---|---|
| Cognition | ☐ No Cognitive Impairment ☐ Subjective Cognitive Impairment ☐ Mild Cognitive Impairment ☐ Dementia |
| Nutrition | ☐ Well-nourished ☐ At risk for malnutrition ☐ Malnourished |

**Any additional information that *referrer* would like to attach with the referral (Select all that apply):**
☐ Medication Records ☐ Lab reports ☐ DNR Orders ☐ Previous vital signs trends ☐ Other (Please specify below)

_____

**Referrer Details:**

| Clinician Type: | Individual or Organization Name: | Phone: |
|---|---|---|
| Date Referral Made: | Address: | Fax: |
| Billing Number: | Professional ID: | Signature |

If the patient is not connected to health care services/referral is not from a PCP, please **provide a contact number** for referring agency/provider in the event additional information or reporting back is required. _____

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*Refer to the chart below if your patient is being referred to remote patient monitoring. Make note of requested parameter changes if you do not agree with the pre-determined template*

Community Paramedicine will use the **following default alert thresholds** when monitoring the patient. **If different** alert thresholds are recommended for your patient, please **indicate patient range in the chart** below. When triggered, these alert thresholds will generate a response from Community Paramedicine. In the event that **more than one chronic disease** is being monitored, alerts will be set to trigger at the lower or higher threshold accordingly.

### READING ALERT THRESHOLDS FOR MONITORING EQUIPMENT

| Alert Thresholds | Changes Required |
|---|---|
| **CHF:**<br>• Weight gain of 1 kg in 24 hours, 2 kg in 48 hours or 3+ kg in 7 days<br>• SpO2 < 92%<br>• HR < 50bpm or > 110bpm<br>• SBP < 90 mmHg or > 180 mmHg or DBP >110 mmHg | |
| **DM:**<br>• BG < 4mmol/l or > 24 mmol/l<br>• BG > 18 mmol/l over 3 consecutive days | |
| **COPD:**<br>• SpO2 < 88%<br>• HR < 50bpm of > 110bpm<br>• SBP < 90mmHg or > 180 mmHG or DBP > 110mmHg | |
| **HTN:**<br>• SpO2 < 92%<br>• HR < 50 bpm or >110 bpm<br>• SBP < 90 mmHg or > 140 mmHg or DBP > 110mmHg | |

**Service Overview**
*(Non Exhaustive List. **Note**: Sservices listed in one section are not necessarily precluded from another)*

Palliative Approach to Care:
- o Assist with the scheduling of transfers to palliative care units/hospice
- o Assist with lifts and transfers
- o Provide pharmacological treatment for symptom management
- o Completion of EDITH forms in the home and assisting with funeral home arrangements
- o I.V. access initiation for MAID

High Intensity Supports in the Home:
- o Providing immunizations in the home
- o Providing "Gap filling" care for patients waiting to be connected to nursing/other services
- o Medication compliance
- o I.V. antibiotic
- o Phlebotomy

Remote Patient Monitorring and Chronic Disease Management:

- o Remote monitoring of vitals for patient diagnosed with COPD, CHF, Diabetes, and Hypertension
- o Teleconferencing and in person home visits when alerted by biometric data/pt symptoms
- o Provide pharmacological treatment for disease exacerbations in consultation with physicians
- o Faxing of longitudinal vital trends to MRP's and care teams