

Pediatric Guidelines

The below guidelines can decrease length of stay and facilitate discharge to acute rehabilitation facilities sooner. Place Physical Medicine and Rehabilitation (PM&R) consults early on for these diagnoses: Spinal cord injury, stroke, amputations, brain injury.



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 tolerate and participate in three hours of daily therapy
- Accepting facility can manage patient's medical needs
- Follow up appointments and upcoming diagnostic testing should be scheduled after discharge from rehabilitation (unless approved by accepting facility)

MEDICAL STATUS

- Work-up completed and treatment plan agreed upon by primary and consulting services
- Agreement of discharge readiness among consulting services
- No active psychiatric issues that would prevent participation in rehabilitation program
- Sitter / 1:1 should be discontinued prior to transfer
- Dialysis cannot be provided for patients under age 18

TREATMENT & LAB DATA

- LVAD may be admitted after all equipment and batteries issued
- Documented Weight Bearing Status, orthopedic or spinal precautions
- Blood product transfusions no more than three times per week
- No telemetry monitoring
- Stable labs values, requiring lab draws no more than two times per week

RESPIRATORY

- Suctioning needed at a maximum frequency of every four hours
- Respiratory treatments maximum frequency of every six hours
- O₂ per nasal cannula 4 LPM or less
- O₂ per trach collar FiO₂ 40% or less
- Two caregivers should be identified for vented patients

MEDICATIONS

- No PIV medications, except IV antibiotics with PICC line
- No IV chemo medications; oncology plan to be established prior to discharge. No radiation therapy
- Established anticoagulation/DVT ppx, if age appropriate
- IVIG after initial dose must be approved 48 hours prior to transfer

DIET

- Oral diet or able to tolerate tube feeding to provide caloric and fluid requirements
- Gastrostomy tubes recommended. NG/NJ tubes accepted on a case by case basis
- TPN patients need to be on a stable solution for discharge to home on TPN

INFECTION CONTROL

- No active TB
- No airborne/droplet precautions
- Isolation protocols vary by diagnosis at Shirley Ryan AbilityLab, secondary to rehabilitation outside patient rooms

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