

## Oxford County Paramedic Services Remote Patient Monitoring Referral Form



Please fill out fields, sign and fax to Oxford County Paramedic Service at 519-421-7363

*Community Paramedicine led 90-days remote monitoring program to help moderate to severe chronic disease patients and frequent users of 911 calls self-manage their conditions through regular monitoring of vitals & health coaching.*

**Patient Demographics:**

<b>Legal Name (First, Last):</b>	<b>Preferred Name:</b>	<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other <b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer
<b>Address:</b>	<b>City:</b>	<b>Province:</b>
<b>Postal:</b>	<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Health Card #:</b>	<b>Version Code:</b>	<b>Date of Birth (MM/DD/YY):</b>
<b>Emergency Contact Name:</b>	<b>Relation:</b>	<b>Phone number:</b>

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

Will the patient be **using the program** with the support of a **caregiver**?  Yes  No

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

- Patient has agreed to be referred to program **AND**
- 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 Disease (select all that apply)	Baseline (if available)	Target
<input type="checkbox"/> CHF (Congestive Heart Failure)	Weight:	Weight:
<input type="checkbox"/> COPD (Chronic Obstructive Pulmonary Disease)	SpO2:	SpO2:
<input type="checkbox"/> DM (Diabetes mellitus)	Range:	Range:
<input type="checkbox"/> HTN (Hypertension)	BP SYS / DIA:	BP SYS / DIA:

**General Health Condition of the patient:**

Mobility	<input type="checkbox"/> Full assist <input type="checkbox"/> Partial Assist <input type="checkbox"/> Independent <input type="checkbox"/> Other, specify _____
Cognition	<input type="checkbox"/> No Cognitive Impairment <input type="checkbox"/> Subjective Cognitive Impairment <input type="checkbox"/> Mild Cognitive Impairment <input type="checkbox"/> Dementia
Nutrition	<input type="checkbox"/> Well-nourished <input type="checkbox"/> At risk for malnutrition <input type="checkbox"/> 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:**

<b>Clinician Type:</b>	<b>Organization Name:</b>	<b>Phone:</b>
<b>Date Referral Made:</b>	<b>Address:</b>	<b>Fax:</b>
<b>Billing Number:</b>	<b>Professional ID:</b>	<b>Signature</b>
If the patient is not connected to health care services/referral is not from a PCP, please <b>provide a contact number</b> for referring agency/provider in the event additional information or reporting back is required. _____		

*Please flip the page over and refer to Reading Alert Thresholds for Monitoring Equipment on Page 2*

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
<p><b>CHF:</b></p> <ul style="list-style-type: none"> <li>• Weight gain of 1 kg in 24 hours, 2 kg in 48 hours or 3+ kg in 7 days</li> <li>• SpO2 &lt; 92%</li> <li>• HR &lt; 50bpm or &gt; 110bpm</li> <li>• SBP &lt; 90 mmHg or &gt; 180 mmHg or DBP &gt;110 mmHg</li> </ul>	
<p><b>DM:</b></p> <ul style="list-style-type: none"> <li>• BG &lt; 4mmol/l or &gt; 24 mmol/l</li> <li>• BG &gt; 18 mmol/l over 3 consecutive days</li> </ul>	
<p><b>COPD:</b></p> <ul style="list-style-type: none"> <li>• SpO2 &lt; 88%</li> <li>• HR &lt; 50bpm of &gt; 110bpm</li> <li>• SBP &lt; 90mmHg or &gt; 180 mmHG or DBP &gt; 110mmHg</li> </ul>	
<p><b>HTN:</b></p> <ul style="list-style-type: none"> <li>• SpO2 &lt; 92%</li> <li>• HR &lt; 50 bpm or &gt;110 bpm</li> <li>• SBP &lt; 90 mmHg or &gt; 140 mmHg or DBP &gt; 110mmHg</li> </ul>	