NH@Home Respiratory Bundle (2weeks)

Safe Early Discharge for Patients with Acute Respiratory Illness

Short-term, home-based support for medically stable patients recovering from pneumonia, RSV, and other acute respiratory conditions

WHO TO REFER:	WHAT THE BUNDLE PROVIDES:
✓ Medically stable for discharge	1-2 Weeks of Front-Loaded Support
□ Acute respiratory illness (e.g., pneumonia, RSV)	✓ Nursing Care
□ Requires short-term respiratory support	✓ Respiratory Therapy (Pro Resp)
□ Temporary oxygen needs (ABG's not required)	✓ 24/7 Clinical Support
□ Predictable care needs	✓ Oxygen Setup & Monitoring
□ Able to self-manage or has caregiver support	✓ Pulse Oximetry Monitoring
□ Valid OHIP number	✓ Medication Management
□ Stable residence	✓ PCP Follow-up Within 7 Days
□ Primary Care Provider	✓ PSW Support (as appropriate)

EXCLUSION CRITERIA:

CLINICAL:

× Requires ABGs

× Requires cardiac or fetal monitoring

× Cannot be safely managed at home due to cognitive or support concerns

× Requires complex wound, ostomy, or G-tube management

× Already receiving home oxygen services

× Requires ongoing OHaH support

VITAL SIGN EXCLUSIONS:

Parameter	Criteria
Respiratory Rate	>30/min or <12/min
Heart Rate	>125 bpm
Temperature	≥40°C or ≤35°C

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BUNDLE DISCHARGE CRITERIA:

Patient is discharged when:

- ✓ Successfully weaned from supplemental oxygen
- ✓ Returns to baseline and can self-manage independently or with caregiver support

Ongoing Oxygen Needs?
Patients who remain clinically stable but continue to require oxygen may be assessed by **Pro Resp** for transition to the **Home Oxygen Program**.

QUICK REFERRAL PROCESS

① IDENTIFY

Stable respiratory patient nearing discharge

② REFER

Order **NH@Home Consult** in Cerner

③ DOCUMENT

Include **"Respiratory Bundle"** in comments

④ COMMUNICATE

Provide confirmed **EDD** to the NH@Home Navigator as early as possible

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PHYSICIAN QUICK SCREEN

Is this patient medically stable for discharge but requires short-term respiratory support at home?

If YES, consider the NH@Home Respiratory Bundle

Questions: call ext. 46438 or email: nhathome@niagarahealth.on.ca

Please E-mail Referrals to Niagara Health@Home
Niagara Health Email: nhathome@niagarahealth.on.ca
SEHealth Email: niagaraathome@sehc.com

niagarahealth
Extraordinary Caring. Every Person. Every Time.

Niagara Health @Home Respiratory Referral
Respiratory Therapy Prescription

PATIENT INFORMATION

Patient's Name: _____ Address: _____
NUMBER STREET APARTMENT

Hospital: _____ Patient room number/unit #: _____

Date of Birth: _____ _____
YYYY MM DD CITY PROVINCE POSTAL CODE

Health Card #: _____ Telephone #: _____

Next of Kin: _____ Telephone #: _____

DIAGNOSIS

_____

_____

_____

_____

ROOM AIR ABGs (CHRONIC) - if available

Date: _____ PaO_2 _____
YYYY MM DD

$PaCO_2$ _____ pH _____

SaO_2 _____ HCO_3 _____

OXYGEN THERAPY

Oxygen prescription: _____ **lpm:** _____ **hours/day:** _____

ADDITIONAL INFORMATION

Does patient require O_2 from hospital to home: ☐ YES ☐ NO **Hospital Site:** _____ **Discharge Date:** _____
YYYY MM DD

Comments:

PRESCRIBER SIGN OFF

X _____ _____ ☐ Physician ☐ Nurse Practitioner
Prescriber Signature Prescriber Name

For oxygen therapy please advise patient that set-up can be completed the day you send the referral.

Rev. 2026/02/11

ProResp Inc. Community Respiratory Therapy
Proudly Canadian Owned
Tel: 905-641-9838 Fax: 905-641-9187
Health

Please E-mail Referrals to Niagara Health@Home
Niagara Health Email: nhathome@niagarahealth.on.ca
Bayshore ICS Email: ICSreferral@bayshore.ca

niagarahealth
Extraordinary Caring. Every Person. Every Time.

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Integrated Care Solutions
Bayshore HealthCare