

Referrals/consent pathway – Prioritisation of referrals

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Approved by	Therapies Clinical Governance Group
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Review Date	19 th July 2026 This is the most current document and should be used until a revised version is in place

Key Amendments

Date	Amendments	Approved by:
25 th January 2023	Document extended to 30 th June 2023 whilst under review.	Dr J Trevelyan/ Benjamin Thomas
23 rd June 2023	Document extended for another 3 months whilst under review.	Benjamin Thomas
19 th July 2023	Document reviewed and approved for 3 years	Therapies Governance Group

Respiratory Patient Caseload Prioritisation

HIGH

- Ventilated patients on ITU with respiratory pathology.
- New respiratory patients.
- New or acute patients on NIPPV.
- Respiratory patients needing help to clear secretions.
- 1st day post-op major abdominal/thoracic/head and neck and vascular surgery, including amputees.
- Post-op patients with ongoing respiratory problems.
- Paediatric respiratory patients.
- Patients with fractured ribs or sternum, compromising ventilation.
- Patients who have aspirated.
- Patients not maintaining O2 sats on optimal oxygen flows.

MEDIUM

- Patients needing assessment prior to discharge that day.
- Patients weaning from or stable on NIV.
- Rehabilitation on ITU or following ITU stay.
- Post-op amputee rehab.
- Respiratory patients clearing secretions independently but not mobile.
- New patient requiring mobility assessment and advice to nursing staff.
- Progression of mobility to facilitate discharge.
- Pre-ops for major surgery.
- Respiratory outpatients.

LOW

- Respiratory patients clearing secretions independently and mobilising.
- Patients awaiting rehab beds.
- Maintenance exercises.
- Patients awaiting nursing home beds.
- Patients mobilising with nursing staff.