

ADMISSION, TRANSITION & DISCHARGE CRITERIA FIRST Program

The admission and discharge criteria provide guidelines, specifically for those patients with pain diagnosis, as to the appropriateness for admission, the intensity and composition of services consistent with the Inpatient Pediatric Rehabilitation program's capabilities and criteria for discharge.

It is the clinical judgment of the rehabilitation attending physician as to the appropriateness of admission, continued stay and/or discharge.

- Pre-admission evaluation for patients who are currently hospitalized at CCHMC will be done by a pediatric pain physician, pediatric rehab physician, and pediatric pain psychologist through a consultation service.
- For patients being considered from an outpatient referral source, medical records are first reviewed by the Medical Pain Service team including physicians, nurse practitioners and nurses, to determine appropriateness for evaluation for a pain rehabilitation admission. Appropriate patients are then scheduled and assessed as an outpatient in the multidisciplinary pain clinic through the Pain Management Center.
- The referring physicians are notified of admission decisions through documentation made within the patient's medical chart, communication directly with the referral source, as well as communication between the FIRST Program Nurse Coordinator and Rehabilitation Unit Care Manager to referring sources from both within as well as outside CCHMC.
- If necessary, a patient may be placed on another unit and receive therapies until appropriate placement on the rehabilitation unit can be made. The patient will be followed until appropriately placed or until services are no longer needed.
- Once approved for admission to the FIRST Program, the Rehabilitation Care Manager assists the referring physician and hospital with the admission.

Admission Criteria to be considered are:

- Patient demonstrates functional deficits as a result of a chronic pain condition (e.g., Amplified Musculoskeletal Pain Syndrome, Complex Regional Pain Syndrome, Fibromyalgia, Ehlers-Danlos Syndrome-Hypermobility Type, Chronic Migraine Headache, Functional Abdominal Pain, and Sickle Cell Disease) and requires ongoing medical care in a rehabilitation setting and treatment from an interdisciplinary rehabilitation team under the direction of a pediatric rehabilitation physician in coordination with the medical pain team.
- Regarding level of participation, patients must have completed all necessary diagnostic work-up prior to admission to ensure safe participation in therapeutic activities and demonstrate a willingness to engage in a functional restoration approach to chronic pain treatment.
- Rehabilitation and medical services are provided for patients admitted to the FIRST Program for associated medical co-morbidities as well.

- Patient does not require any continuous mechanical ventilator support. Patients with needed support of BiPAP or CPAP, on stable settings may be considered for admission to the FIRST Program.
- Patient with a pain diagnosis demonstrates multiple and/or complex rehabilitation nursing needs and a potential for needing high medical acuity skilled nursing (tracheostomy care/teaching, behavioral management, bowel care program care/teaching, etc.).
- Patients admitted to the Pain Program may demonstrate extensive needs for rehabilitation education that exceed their need for prolonged inpatient therapies.
- These patients can be admitted/transitioned to a sub-acute rehabilitation designation at such time during their stay.
- Patient with a pain diagnosis demonstrates a need and a tolerance of a minimum of 3 hours of service at a minimum of 5 days per week from the interdisciplinary team, which may include an: occupational therapist, physical therapist, and/or a speech/language pathologist.
- Patient and/or family members demonstrate education and training needs for themselves on an ongoing basis prior to discharge to home.
- Patient age is between 10-17 years of age. Young adults and children under the age of 10 and 18 years and older will be evaluated on a case by case basis.

Continuing Stay Criteria are based on one or more of the following:

- The patient with a pain diagnosis continues to demonstrate progress toward medical, nursing and therapy goals set during Evaluation and Planning Meeting that benefits continued services on the inpatient rehabilitation unit.
- The patient with a pain diagnosis requires ongoing medical or nursing needs that necessitate hospitalization while at the same time the patient is benefiting from ongoing rehabilitation services.

Discharge/Transition Criteria are based on one or more of the following:

- The patient with a pain diagnosis has achieved the majority of inpatient goals or his/her needs can be met outside of the inpatient pediatric rehabilitation program.
- The family is capable of safely providing the needed care and therapy at home.
- Medical needs require that the patient with a pain diagnosis be transferred to another medical service or facility.
- The expected outcome is that the person served will return to the home (or appropriate living situation), school and community with or without modifications to their environment, and possibly progress to another level of rehabilitation care (e.g. skilled nursing, outpatient).
- If at any time during the admission a patient/family is unable to engage with the program (ie. Injury, preoccupation with thoughts of an alternate diagnosis, requesting further medical testing and/or analgesic medications or blocks) the patient will be considered by the Pain Management and Rehab Teams for discharge.
- The patient is no longer making progress toward goals.

The expected outcome is that the person served will return to the home (or appropriate living situation), school and community with or without modifications to their environment, and possibly progress to another level of rehabilitation care (e.g. skilled nursing, outpatient).