National Program for Home Ventilatory Assistance
McGill University Health Centre
Programme national d'assistance ventilatoire à domicile
Centre universitaire de santé McGill

NPHVA PNAVD

Committed to your health and quality of life... Dédié à votre santé et qualité de vie...

NPHVA Request Form and Admission Criteria for Adult Patients

Name			
Address			
City		Postal Code	
Telephone		Cell Phone	
Residence	☐ Home ☐ CHSLD	☐ Intermediate Resource	
Date of Birth			
Medicare #		Expiration	
Weight		Height	
Mother's Maiden Name			
Father's Name			
Referring Physician		Telephone	
Referring Center		FAX	
Email Physician/Referring Center			

Following Respirologist _____

Language spoken ☐ English ☐ French Other _____

Check the admissible NPHVA diagnosis category

☐ Neuromuscular Disease (see pages 2 & 3)	Specific Diagnosis
☐ Kyphoscoliosis (see pages 2 & 3)	Specific Diagnosis
☐ Spinal Injury (see pages 2 & 3)	Specific Region
☐ Central Apnea with Hypoventilation (see pages 2 & 3)	Specific Diagnosis
☐ Cystic Fibrosis (see pages 2 & 4)	
☐ Obesity-Hypoventilation (see pages 2 & 3)	Specific Diagnosis
☐ COPD (see pages 2 & 4)	
☐ Other: Chronic Idiopathic Hypoventilation (see pages 2 & 3)	Specific Diagnosis

N.B. Sleep apnea is not an admissible diagnosis to the NPHVA.

- This patient is hospitalized..... ☐ Yes..... ☐ No
- This patient has received with positive pressure ventilation (CPAP or BiPAP)..... ☐ Yes..... ☐ No

Additional Information _____

Please email your request and required documents to: pnavd@muhc.mcgill.ca or fax to: 514-843-2077.

IMPORTANT

Only requests with all required information will be treated.
Please make sure that all documentation forwarded to us is legible.
A letter confirming the reception of your request will be send to you.

For **ALL** diagnosis categories, make sure to include:

- ☐ Patient's medical history
- ☐ Recent list of medication
- ☐ Complete ventilation prescription

Definitions

Evidence of diurnal hypercapnia:

- Compensated respiratory acidosis, due to **chronic** alveolar hypoventilation;
- Result of $PaCO_2$ or $PcCO_2$ > 45 mmHg <u>obtained during the day</u> and not at the patient's wake.

**** **VENOUS** blood gas results **ARE NOT ADMISSIBLE** as evidence of hypercapnia.****

Evidence of nocturnal hypercapnia with CPAP Failure

- One of the following criteria shown on a sleep study (PSG) WITH correction of obstructive events:
  - PCO_2 increase greater than 10 mmHg compared with results obtained when awake[1];
  - Nocturnal oxygen desaturation: SpO_2 < 88% for a period of at least 5 consecutive minutes[2].

OR

- Overnight oximetry with an auto-CPAP or fixe CPAP with a minimal setting of 15 cmH_2O, WITH correction of obstructive events, showing a:
  - Nocturnal oxygen desaturation: SpO_2 < 88% for a period of at least 5 consecutive minutes[2].

[1]Berry et al; Rules for scoring respiratory events in sleep: update of the 2007 AASM Manual for the Scoring of Sleep and Associated Events. Deliberations of the Sleep Apnea Definitions Task Force of the American Academy of Sleep Medecine; J Clin Sleep Med 2012(8) 567-619.

[2]Clinical Indications for noninvasive positive pressure ventilation in chronic respiratory failure due to restrictive lung disease, COPD, and nocturnal hypoventilation – a consensus conference report; Chest 1999 (116) 521-534

REQUIRED INFORMATION

Neuromuscular Disease and Kyphoscoliosis

- ☐ Medical history of the neuromuscular disease or kyphoscoliosis **AND**
- ☐ Spirometry **AND**
- ☐ Evidence of diurnal hypercapnia (see definitions) **OR** nocturnal hypoventilation.

Spinal Injury

- ☐ Medical history explaining the need of ventilation following a spinal injury **AND**
- ☐ Evidence of diurnal hypercapnia (see definitions) **AND**
- ☐ Spirometry, if available.

Central Apnea with Hypoventilation

- ☐ Medical history explaining the cause of the central apnea and hypoventilation **AND**
- ☐ Sleep Study **AND**
- ☐ Evidence of diurnal hypercapnia (see definitions) **OR**
- ☐ Evidence of nocturnal hypercapnia with CPAP Failure (see definitions).

Obesity-Hypoventilation

- ☐ BMI ≥ 35 **AND**
- ☐ Evidence of diurnal hypercapnia (see definitions) **OR**
- ☐ Evidence of nocturnal hypercapnia with a CPAP failure (see definitions).

Obesity-Hypoventilation + COPD

- ☐ BMI ≥ 35 **AND**
- ☐ Spirometry or evidence of the COPD diagnosis **AND**
- ☐ Evidence of diurnal hypercapnia (see definitions) **OR**
- ☐ Evidence of nocturnal hypercapnia with a CPAP failure (see definitions).

Other : Chronic Idiopathic Hypoventilation

- ☐ Medical history of investigations done to exclude other diagnosis including at least :
  - o A sleep study **AND**
  - o A respiratory function test with MIP/MEP and spirometry sitting/lying;
- ☐ Evidence of diurnal hypercapnia (see definitions) **OR**
- ☐ Evidence of nocturnal hypercapnia with a CPAP failure (see definitions).

Cystic Fibrosis

- ☐ Confirmation that patient is on the transplant list

OR

- ☐ Evidence of diurnal hypercapnia (see definitions) **AND**
- ☐ Hospitalization summaries which report hospital admission due to hypercapnic respiratory failure ($PaCO_2$, $PcCO_2 \geq 55$ mmHg) who responded favourably to non-invasive ventilation during their hospitalization.

COPD

- ☐ Confirmation that patient is on the transplant list

OR

- ☐ At least 2 hospitalizations in the last 12 months with the following conditions :
  - o Admission for hypercapnic respiratory failure:
    - $PaCO_2$ or $PcCO_2 \geq 55$ mmHg at admission;
  - o Use of non-invasive ventilation during the hospitalization with evidence of favourably response, shown by:
    - Decrease of the $PaCO_2$ or $PcCO_2$ post use of bi-level ventilation;
- ☐ Proof of persistent diurnal hypercapnia with a $PaCO_2$ or $PcCO_2 \geq 52$ mmHg 4 weeks after the exacerbation, without the use of bi-level ventilation.

OR

- ☐ Patient with a tracheostomy and ventilated, for whom the weaning is impossible, when clinically and physiologically stable.
- ☐ Spirometry

For COPD patients, note that:

- Patients in acute phase are not admissible.
- Alveolar hypoventilation during sleep only (in paradoxical sleep for example), is not a criteria of admission to the NPHVA.