



NPHVA Request Form and Admission Criteria for Adult Patients

Name			
Address			
City		Postal Code	
Telephone		Cell Phone	
Residence	<input type="checkbox"/> Home	<input type="checkbox"/> CHSLD	<input type="checkbox"/> 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			

I wish to do the annual ventilatory follow-up for this patient.
 Following Respirologist

I wish to transfert the annual ventilatory follow-up to the NPHVA's medical director.

Check the admissible NPHVA diagnosis category

<input type="checkbox"/> Neuromuscular Disease (see pages 2 & 3)	Specific Diagnosis	<input type="text"/>
<input type="checkbox"/> Kyphoscoliosis (see pages 2 & 3)	Specific Diagnosis	<input type="text"/>
<input type="checkbox"/> Spinal Injury (see pages 2 & 3)	Specific Region	<input type="text"/>
<input type="checkbox"/> Central Apnea with Hypoventilation (see pages 2 & 3)	Specific Diagnosis	<input type="text"/>
<input type="checkbox"/> Cystic Fibrosis (see pages 2 & 4)		
<input type="checkbox"/> Obesity-Hypoventilation (see pages 2 & 3)	Specific Diagnosis	<input type="text"/>
<input type="checkbox"/> COPD (see pages 2 & 4)		
<input type="checkbox"/> Other: Chronic Idiopathic Hypoventilation (see pages 2 & 3)	Specific Diagnosis	<input type="text"/>

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 fax your request and required documents to 514-843-2077.



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

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

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 PaCO₂ or P_cCO₂ > 45 mmHg obtained during the day 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:
 - o PCO₂ increase greater than 10 mmHg compared with results obtained when awake¹;
 - o Nocturnal oxygen desaturation: SpO₂ < 88% for a period of at least 5 consecutive minutes².

OR

- Overnight oximetry with an auto-CPAP or fixe CPAP with a minimal setting of 15 cmH₂O, WITH correction of obstructive events, showing a:
 - o Nocturnal oxygen desaturation: SpO₂ < 88% for a period of at least 5 consecutive minutes².

¹Berry 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 Medicine; J Clin Sleep Med 2012(8) 567-619.

²Clinical 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



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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 :
 - A sleep study **AND**
 - 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).



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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 , $\text{PcCO}_2 \geq 55$ 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 :
 - Admission for hypercapnic respiratory failure:
 - PaCO_2 or $\text{PcCO}_2 \geq 55$ mmHg at admission;
 - 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 $\text{PcCO}_2 \geq 55$ 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.

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.