



### 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			
Following Respirologist			
Language spoken	English	French	Other <input style="width: 100px;" type="text"/>

**Check the admissible NPHVA diagnosis category**

Neuromuscular Disease (see pages 2 & 3)	Specific Diagnosis	<input style="width: 100%;" type="text"/>
Kyphoscoliosis (see pages 2 & 3)	Specific Diagnosis	<input style="width: 100%;" type="text"/>
Spinal Injury (see pages 2 & 3)	Specific Region	<input style="width: 100%;" type="text"/>
Central Apnea with Hypoventilation (see pages 2 & 3)	Specific Diagnosis	<input style="width: 100%;" type="text"/>
Cystic Fibrosis (see pages 2 & 4)		
Obesity-Hypoventilation (see pages 2 & 3)	Specific Diagnosis	<input style="width: 100%;" type="text"/>
COPD (see pages 2 & 4)		
Other: Chronic Idiopathic Hypoventilation (see pages 2 & 3)	Specific Diagnosis	<input style="width: 100%;" 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 email your request and required documents to: [pnavd@muhc.mcgill.ca](mailto:pnavd@muhc.mcgill.ca) or fax 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

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### 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<sub>2</sub> or P<sub>c</sub>CO<sub>2</sub> > 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 PCO<sub>2</sub> increase greater than 10 mmHg compared with results obtained when awake<sup>1</sup>;
  - o Nocturnal oxygen desaturation: SpO<sub>2</sub> < 88% for a period of at least 5 consecutive minutes<sup>2</sup>.

**OR**

- Overnight oximetry with an auto-CPAP or fixe CPAP with a minimal setting of 15 cmH<sub>2</sub>O, WITH correction of obstructive events, showing a:
  - o Nocturnal oxygen desaturation: SpO<sub>2</sub> < 88% for a period of at least 5 consecutive minutes<sup>2</sup>.

<sup>1</sup>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 Medicine; J Clin Sleep Med 2012(8) 567-619.

<sup>2</sup>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  $\geq$  35 **AND**
- Evidence of diurnal hypercapnia (see definitions) **OR**
- Evidence of nocturnal hypercapnia with a CPAP failure (see definitions).

### **Obesity-Hypoventilation + COPD**

- BMI  $\geq$  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 ( $\text{PaCO}_2$ ,  $\text{PcCO}_2 \geq 55$  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 :
  - o Admission for hypercapnic respiratory failure:
    - $\text{PaCO}_2$  or  $\text{PcCO}_2 \geq 55$  mmHg at admission;
  - o Use of non-invasive ventilation during the hospitalization with evidence of favourably response, shown by:
    - Decrease of the  $\text{PaCO}_2$  or  $\text{PcCO}_2$  post use of bi-level ventilation;
- Proof of persistent diurnal hypercapnia with a  $\text{PaCO}_2$  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.
- 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.