



# BRIGHAM AND WOMEN'S HOSPITAL

## Acute Care Occupational Therapy Referral Response Standard

LEVEL 1—DAY OF CONSULT	LEVEL 2-- < 24 HOURS	LEVEL 3-- < 48 HOURS	LEVEL 4< 72 HOURS
<b>Impairment rationale:</b> <ol style="list-style-type: none"><li>1. Patient requiring UE joint or neck stabilization/immobilization, necessitating immediate splint fabrication and application</li><li>2. Patient requiring immediate joint/UE mobilization and/or edema management which, if delayed, could detrimentally impact the patient's eventual functional outcome</li><li>3. Patient requiring custom fabrication of LE splint, which if delayed, could detrimentally impact skin or muscle flap integrity in the post-op period</li></ol>	<ol style="list-style-type: none"><li>1. Patient requiring skilled ROM, adaptive ADL training and patient education, s/p UE joint/soft tissue surgery</li><li>2. Patient requiring evaluation for proper positioning to prevent contractures or loss of UE soft tissue integrity</li><li>3. Patient requiring evaluation and determination of need for adaptive equipment prescription/instruction to promote self-feeding skills</li></ol>	<ol style="list-style-type: none"><li>1. Medically stable patient requiring evaluation of new impairment(s), which limit(s) patient's ability to engage in ADL's, IADL's or toileting at their baseline level</li><li>2. Patient with admission for fall or high fall risk, necessitating assessment of ADL's/IADL's, cognition and home safety</li></ol>	<ol style="list-style-type: none"><li>1. Patient requiring evaluation of ADL, cognitive, and UE motor performance skills, but with limited ability to participate (i.e uncontrolled pain, chemical sedation, low level of arousal, bedrest orders)</li><li>2. Patient requiring modified and graded resumption of basic ADL's and toileting skills, due to prolonged hospitalization and resulting functional decline</li></ol>
<b>Disposition Considerations:</b> <ol style="list-style-type: none"><li>1. Patient with imminent discharge on day of consult</li><li>2. Discharge is dependent on OT evaluation</li></ol>	<ol style="list-style-type: none"><li>1. Patient with discharge anticipated within 24 hours</li></ol>	<ol style="list-style-type: none"><li>1. Medically stable patient who's discharge is not imminent, but who requires evaluation for rehabilitation placement</li></ol>	<ol style="list-style-type: none"><li>1. Medically unstable patient who requires occupational therapy input, but due to ongoing med/surgical issues, discharge date is not directly affected by the initiation of occupational therapy</li></ol>

\*\*In cases where there is insufficient information on the referral to effectively use the above criteria, additional screening should occur in the form of a telephone call to the RN, referring physician, or other appropriate staff.

\*\*When existing subspecialty protocols proscribe referral response time, these will supercede occupational therapy response standards (as detailed above).

11/05

