Toronto abi Network

Clinical Considerations for Referral to Inpatient and Outpatient ABI Rehab

This document was created as a guideline to assist acute care hospitals in determining when to refer patients with brain injury to a specialized acquired brain injury (ABI) program or a general neurorehabilitation program along with considerations for referral to outpatient rehabilitation.

This document includes the following sections that should be reviewed together:

1. Decision Tree / Flow map
2. Program Resources Charts by Organization

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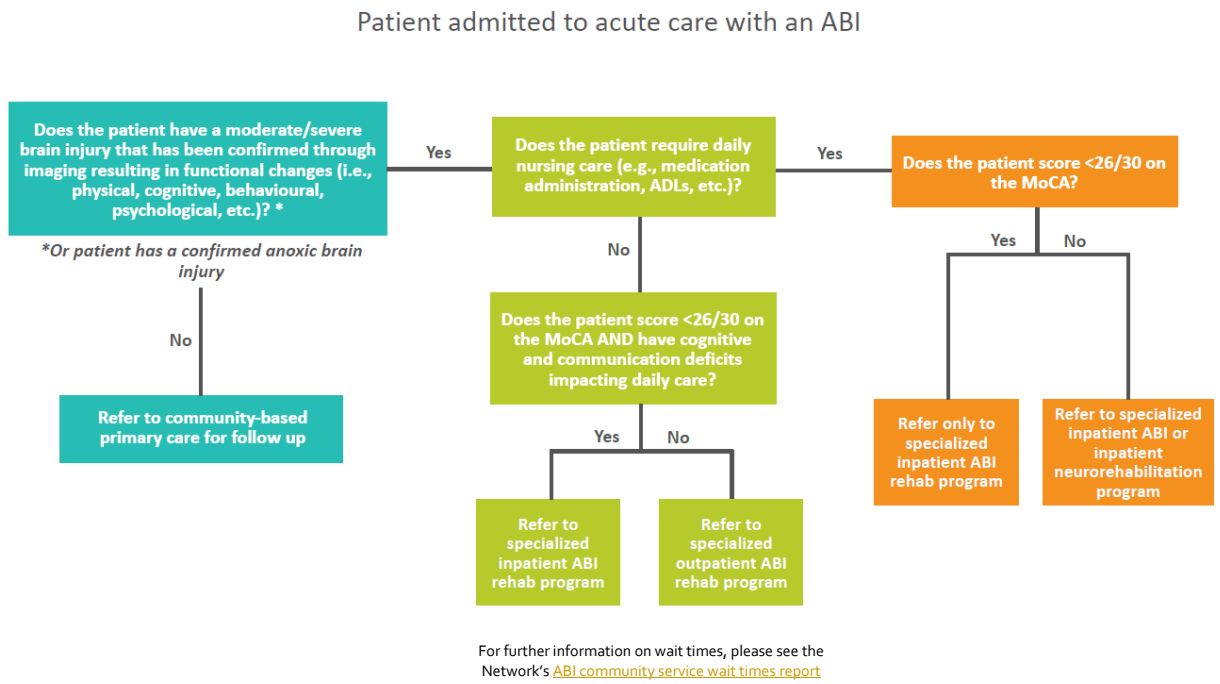

For further information on wait times, please see the Network's ABI community service wait times report

[1]Age should not be a limiting factor for early multidisciplinary intensive rehabilitation. Adults between 65-90 years of age should have comparable access to early multidisciplinary intensive rehab that maximizes their level of independence as age has not been associated with response to rehabilitation.

Bayley M, Gargaro J, Kua A, Pagé E, Lalancette Hébert M, et al. Canadian Clinical Practice Guideline for the Rehabilitation of Adults with Moderate to Severe Traumatic Brain Injury. Toronto, ON: University Health Network, 2023.

If there are any questions about or suggested changes to this document, please contact info@abinetwork.ca

Resources across Specialized Inpatient ABI Rehabilitation Programs			
Program Features	**Toronto Rehab**	**Hennick Bridgepoint**	**West Park**
Admitting Rancho Level	Level 5	Level 5	Level 5
Tolerance	Able to tolerate 2 x 45 minute therapy sessions per day	Cognitively able to participate and progress in rehabilitation	Cognitively able to participate and progress in rehabilitation
Cognitive/Communication Status	Patients need to: ▪ demonstrate functional carry over ▪ be consistently oriented to place ▪ follow one-step instructions ▪ Be redirectable if they have behaviours ▪ be psychiatrically stable ▪ have no restraints (physical or chemical) or constant observer for the past 48 hours	Patients need to: ▪ demonstrate functional carry over ▪ be consistently oriented to place ▪ follow one-step instructions ▪ Be redirectable if they have behaviours ▪ be psychiatrically stable ▪ have no restraints (physical or chemical) or constant observer for the past 48 hours – chemical restraints – i.e. sedating medications – are fine so long as they are not preventing patient's participation in therapy sessions and they are stable on regimen	Patients need to: ▪ demonstrate functional carry over ▪ be consistently oriented to place ▪ follow one-step instructions ▪ Be redirectable if they have behaviours ▪ be psychiatrically stable ▪ have no restraints (physical or chemical) or constant observer for the past 48 hours

Exclusion Criteria	▪ No Central lines ▪ No NG tubes (g-tube accepted; feeds must be intermittent) ▪ Patients receiving dialysis	▪ No Central lines ▪ No NG tubes (g-tube accepted; feeds must be intermittent) ▪ Patients receiving dialysis– this is a barrier, but not specifically an exclusion. HBH has a hemo unit, and a limited number of spaces for "off unit" hemo dialysis. Peritoneal dialysis can be managed as well.	▪ No Central lines ▪ No NG tubes (g-tube accepted; feeds must be intermittent) ▪ Patients receiving dialysis

Resources across Inpatient Neurorehabilitation Programs		
Program Features	**Providence Healthcare**	**St. John's Rehab (non-traumatic brain injury)**
Admitting Rancho Level	Level 6	Level 7/8
Tolerance	Daily therapy for 1 hour Able to follow direct and participate	3 sessions of active therapy 5-7 days per week. Must be able to sit unsupported for minimum 30 minutes
Cognitive/Communication Status	Patients need to: ▪ demonstrate functional carry over ▪ be consistently oriented to place ▪ follow one-step instructions ▪ have behaviours that can be managed with re-direction & other strategies ▪ be psychiatrically stable ▪ have no restraints (physical or chemical) or constant observer for the past 48 hours	Patients need to: ▪ demonstrate functional carry over ▪ be consistently oriented to place ▪ follow one-step instructions ▪ have behaviours that can be managed with re-direction & other strategies ▪ be psychiatrically stable ▪ have no restraints (physical or chemical) or constant observer for the past 48 hours
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