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|  <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p>COMMUNITY HEALTH INFORMATION FORM COMPLETION GUIDELINE</p> | <p>Form Name: Home Care Intermittent Pneumatic Compression Pump Assessment</p> | <p>Form Number: WCC-00297</p> |
| | <p>Approved By: Home Care Program</p> | <p>Pages: 1 of 1</p> |
| | <p>Approval Date: March 2019</p> | <p>Supercedes: New</p> |

1.0 Form Purpose:

To communicate clinical assessment findings from a Health Care Professional to the Home Care Equipment Program to determine eligibility for Intermittent Pneumatic Compression Pump.

2.0 Definitions:

Assessor - The Physiotherapist, Clinical Nurse Specialist or Certified Lymphedema Specialist who have the and assessment skills required to determine the need for an Intermittent Pneumatic Compression Pump.

3.0 Used By:

- 3.1 Health Sciences Centre Physiotherapy
- 3.2 Community Therapy Services Physiotherapy
- 3.3 WRHA Home Care Clinical Nurse Specialist
- 3.4 Certified Lymphedema Therapists

4.0 Guidelines for Completion:

- 4.1 Client Demographic Box: compete in full or affix client label
- 4.2 Date: Provide date the assessment was completed.
- 4.3 Health Care Provider to choose appropriate diagnosis by check and provide relevant diagnosis information
- 4.4 Health Care Provider outlines care plan to monitor equipment usage
- 4.5 Health Care Provider outlines the plan for equipment retrieval.

5.0 Filing/Routing Instructions:

- 5.1 To be faxed to WRHA Program Consultant for Home Care Equipment, Supplies and Wheelchair Services at (204) 940-2009.
- 5.2 Completed form is scanned and up-loaded in Electronic Home Care Record Documents Page- Internal Assessments and Correspondence Folder.

6.0 Printing Instructions:

- 6.1 Community Standard – White bond paper, black ink, two hole top punch, and head to foot (tumble print) for two sided forms.
- 6.2 Within WRHA, forms can be printed directly from Insite.

7.0 Author:

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