



<p>Team Name: Rehabilitation Services</p> <p>Team Lead: Regional Director - Rehabilitation Services</p> <p>Approved by: VP - Human Resources</p>	<p>Reference Number: CLI.6310.SG.010</p> <p>Program Area: Rehabilitation/Therapy Services</p> <p>Policy Section: General</p>
<p>Issue Date: July 24, 2018</p> <p>Review Date:</p> <p>Revision Date:</p>	<p>Subject: Speech-Language Pathology Inpatient Referral Prioritization Guideline</p>

STANDARD GUIDELINE SUBJECT:

Speech-Language Pathology Inpatient Referral Prioritization Guideline

PURPOSE:

The speech-language pathologist will review referral information to determine referral priority status based upon the following guidelines.

PROCEDURE:

The speech-language pathologist will date and document assigned priority status as P1 or P2 on the Rehabilitation Services Inpatient Referral Form CLI.6310.FORM.002.

Priority 1

- Cerebrovascular Accident
- Suspected aspiration pneumonia
- Chronic chest infections
- Swallowing concerns such as coughing or throat clearing before/during/after meal, emesis or regurgitation as a result of eating, difficulty/unable to swallow medication, food or fluids, difficulty chewing/food remaining in mouth
- Where the number of Priority 1 patients on caseload exceed available speech-language pathology staff resources, further prioritization will occur in consultation with unit staff

Priority 2

- Speech and language concerns such as: slurred speech/difficult to understand, difficulty finding words or formulating sentences, cannot follow directions/understand, non-verbal

REFERENCES:

CLI.6310.FORM.002 Rehabilitation Services Inpatient Referral Form