



Riley Children's Hospital Home Ventilator Program was developed in 1984 to meet the discharge needs of ventilator dependent children and their families. Today the program provides support for over 150 children and young adults on various types of ventilator support at home. The Home Ventilator program provides discharge planning, education, long term treatment and follow-up care. Our multidisciplinary team consists of two physicians, two nurse practitioners, a clinical nurse coordinator, two respiratory therapists, and a social worker who will follow your child for as long as mechanical ventilation is needed.



**Dr. Cristea**, Medical Director of the program, is a pediatric pulmonologist who will work with you and your child's primary care doctor to develop an individualized treatment plan for your child.



**Dr. Turner**, Associate Medical Director of the program, is a pediatric pulmonologist who will work with you and your child's primary care doctor to develop an individualized treatment plan for your child.



**Aries Lowden NP and Lauren Utt NP** are Master level Nurse Practitioners who specialize in managing your child's care with a tracheostomy and ventilator while your child is in the hospital. The nurse practitioner, help you understand your child's care plan before leaving the hospital.



**Maria Kidwell, RN Home Vent Coordinator** This registered nurse works closely with the other team members to help manage your child's care and supports you in transitioning your family and your child from hospital to home. The coordinator will review your care plan and answer any questions you have during your follow-up visits.



**Jen Westerman, Licensed Clinical Social Worker** assists families in navigating the many dimensions of care including advocating for community resources and providing support to families.

**Amanda Pickett** will work as a liaison between a patient's home RT DME company and the hospital and trains each family on their child's specialized home equipment needs.



RE:

DOB:

Meeting with Home Vent team:

### **Home Vent Caregiver Agreement**

1. Caregiver needs to identify a Pediatrician/Family Doctor prior to vent class. Caregiver needs to confirm with the Doctor that they are comfortable taking on patient's level of care.
2. Will need to be available to meet with a Financial Navigator, as needed, to have the necessary resources in the home.
3. Must contact local electricity company regarding medical alert. If electrical company is IPL, please contact directly for Medical Alert Form.
4. Must have a working phone with voicemail set-up. Will update hospital, if any changes occur with my phone number. I understand that I will receive multiple phone calls from vendors, resources and the hospital.
5. Must have a crib (not a pack-n-play) at home and must bring a car seat to bedside prior to vent class. (Age applicable)
6. At least two trained caregivers will need to complete all bedside nursing check-offs prior to vent class. An identified date for vent class will be given to you based on patient's readiness for home.
7. Prior to vent class a home inspection must be completed and passed by the equipment company.
8. A home nursing agency will attempt to be identified. I am aware that home nursing is limited in Indiana.
9. All caregivers need to be present for vent class. Vent class starts at 9AM and is held on a weekday.
10. All caregivers need to be complete a vent skills assessment at bedside. Assessment start at 9AM and are held on a weekday.
11. All caregivers need to complete a minimum of one 8 hour and two 24 hour home vent shifts. The 8 hour shift must be completed during the day, any day of the week, and completed before the 24 hour shifts begin. Please note that it is common for a caregiver to have to repeat a shift.
12. PATIENT CANNOT BE LEFT HOME ALONE WITH ANYONE OTHER THEN A RILEY TRAINED CAREGIVER OR A NURSE FROM THE IDENTIFIED HOME NURSING AGENCY.

By signing below, you understand the expectations above and agree to be proactive in the discharge planning process. Please keep this agreement and utilize it as a reference tool throughout the discharge process.

Caregiver 1 \_\_\_\_\_

Home Vent Team \_\_\_\_\_

Caregiver 2 \_\_\_\_\_

Date \_\_\_\_\_



**Riley Hospital for Children**  
Indiana University Health



RE:

DOB:

Meeting with Home Vent team:

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Home Vent Team \_\_\_\_\_

Caregiver 2 \_\_\_\_\_

Date \_\_\_\_\_



## Home Vent Training Overview

### Step 1: Individual Bedside Check-offs

All caregivers must complete all bedside check-offs before moving on to Step 2. A check-off is not considered complete until a nurse documents that the check-off was completed independently. Check-offs can be completed at any time of the day, it is best to complete check-offs during normal awake hours and not around change of shift (6am-8am and 6pm-8pm). It will take a considerable amount of time to complete all check-offs, so please plan to be present at your child's bedside consistently.

### Step 2: All Caregivers Home Vent Classroom Day

This is a scheduled **full day** that must be attended by **all** caregivers. You must **arrive at the Patient's bedside by no later than 9:00 a.m.** This class must **be scheduled Monday – Friday**. Please bring a writing utensil with you to the class. There will be a break for lunch.

### Step 3: Individual Caregiver Vent Skills Assessment

This is a scheduled **full day** that must be attended individually by **all** intended caregivers. Unless prearranged, **you must arrive at the patient's bedside by no later than 9:00 a.m.** The bedside vent skills assessment must **be scheduled Monday – Friday**. There will be a break for lunch. **Note: No visitors may be at the patient's bedside during this training.**

### Step 4: Individual 8 hour Home Vent Shift

Each caregiver will independently complete an 8 hour shift. This **shift may begin at 8 a.m. and run until 4 p.m. OR may begin at 9 a.m. and run until 5 p.m.** You may schedule this shift **any day of the week**. **Note: No visitors may be at the patient's bedside during this shift.**

### Step 5: Individual 24 hour Home Vent Shifts

Once an intended caregiver has successfully completed the 8 hour home vent shift, you must then **complete two full 24 hour home vent shifts**. These shifts **may be scheduled any day of the week** and may begin at any time of day. **Note: No visitors may be at the patient's bedside during these shifts**

### IMPORTANT POINTS:

1. If you are running late or unable to attend a scheduled day, please contact the ICU (7East) at 317-944-7428 by no later than 9:15 am. Additionally, if you are more than 30minutes late for a vent skills assessment or shift you may be asked to reschedule.
2. You are only considered a qualified caregiver if you have successfully completed all of the above mentioned steps. **ONLY PERSONS DEEMED AS CAREGIVERS BY THE RILEY HOME VENT TEAM MAY BE LEFT ALONE WITH THE CHILD.**



**Shown:**

Oversized wagon

Car seat

Patient

Home Vent

Suction Machine

Apnea Monitor

Pulse Oximeter

Oxygen

Emergency Bag



## **Important Phone Numbers**

Pulmonary (Home Vent Program)	317-948-7208
After Hours for all services	317-944-5000
Cardiology	317-274-8906
Developmental Pediatrics (formula/feeding issues, feeding supplies)	317-944-4846
Endocrinology	317-944-3889
ENT	317-944-8592
General Surgery	317-274-5785
Neurology	317-948-7450
Neurosurgery	317-944-6201
Ophthalmology	317-944-8103
Palliative Care	317-944-3478
Urology	317-944-8896
Wound Team (concerns with g-tube/trach sites)	317-944-5018
Riley Pharmacy	317-944-2335



## **Frequently Asked Questions**

### **1. Can we travel with our child?**

Patient must always travel with two adults, one of which needs to be trained. We will teach you proper transport needs. Travel will require planning and extra time.

### **2. Can we cook, have pets, candles, or continue to smoke in our home?**

Pets, cooking and candles should be of no concern; however, each child is different. Smoking is strongly discouraged; if done should occur outside, away from patient. Hands and clothing should be washed before interaction with patient.

### **3. What should I expect on the day of discharge?**

Please arrive early on the day of discharge. The RT DME supplier and home nursing agency (if available) will meet you at home. Please charge all equipment, take home any unnecessary items, check out of RMH, and pick up all medications from Riley outpatient pharmacy prior to arrival at bedside on the day of discharge. Discharge only occurs Monday-Thursday for an initial discharge.

### **4. How long is the typical training process?**

Your child's medical status and commitment to training will be the largest components in deciding how long the process takes. We encourage daily, active involvement with your child's care in order to expediate the process. Your child must be on their home ventilator and stable before discharge can occur. All training must be complete, your child must be on the home ventilator and stable, and the home has to be ready, before discharge can occur.

### **5. How frequently will I have appointments after discharge?**

Your child will have a multitude of appointments after discharge, including monthly appointments with pulmonary home vent program, follow-up with your local primary care physician, and ongoing follow-up with multiple specialties.