

## PHYSIOTHERAPY WEEKEND PRIORITIZATION

It is expected that the therapists will use these guidelines in combination with clinical judgment in prioritizing the weekend caseload. These guidelines are not meant to suggest that all (or only) the patients described will be seen. During the weekend, the therapist is to review the list with the PTA/OTA and coordinate which patients are to be seen.

### WEEKEND LISTS

- A weekend list will be made each Friday by the therapist for Q6, Q5, Q4, ICU/ED, ISU and prioritized 'A' or 'B'
- Relevant information only to be written on the weekend list (ie. date of surgery, weight bearing status, action required, anticipated D/C date, transfer status, D/C location)
- Weekend lists and ER/ICU pager to be placed in appropriate tray in mailroom of Sills 2 and return to tray at end of weekend
  - Please print list for new patients added to caseload over the weekend

## PRIORITY 'A'

### SURGERY

- Elective post-op joint replacement patient for weekend discharge
- New elective post-op joint replacement patients
- New fracture patients
- SSU (elective joint replacements, mastectomy patients)
- Acute abdominal surgeries (chest or reduced mobility)

### Q5/6

- Patients that have anticipated discharge Sat/Sun/Mon who may need recs or are at *high risk of decline* if not seen (can be assigned to PTA/OTA as appropriate)
- Active chest patients (ie. requiring mobilization with oxygen for titration, productive chest that cannot clear secretions independently)

### ICU/ER

- Patients that have anticipated discharge Sat/Sun/Mon who may need recs

### ACUTE STROKES

- Those patients requiring Alpha-FIM tool completion
- Any new strokes (S3, Q5, ICU/ED once 24 hours post tPA delivery)

## PRIORITY 'B'

- Patients requiring 'quick check' (ie up to chair, progression of ambulation/mobility aid)
- ICU patients who require mobilization