Request for EMS Advice Guide: Wheelchair

*Useful information to consider when completing a Request for EMS Advice*

# EMS Funding Stream – Before you start

* Refer to Whaikaha EMS Manual 2.2.1 to ensure eligibility for Disability Support Services (DSS) or Long-

Term Support for Chronic Health Conditions (LTS-CHC) Whaikaha funding are met.

* Is the person’s condition a medical/surgical condition or a disability (long-term functional loss)?
* Has alternative funding, such as ACC or Hospice been considered?
* If under 65 years and primary diagnosis is a chronic health condition, NASC confirmation of Long- Term Support for Chronic Health Conditions (LTS-CHC) funding is required.

# Background Information

* Who does the person live with?
* What are the caregiver hours per day and amount of time spent home alone?
* Is the home owned and or a long-term solution?
* Is the home wheelchair accessible, both access to the house and within? Provide details if it is not possible to safely get a wheelchair into the home.
* If access is limited inside, provide measurements of narrow door widths.
* How will the mobility solution be transported?
* If the need is related to work or study, evidence of this is required as per Whaikaha manual.
* Behavioural Support Services (BSS) if required. Check if pathway A or B is applicable.

# Current Functional Ability

* How quickly is the person deteriorating?
* What mobility equipment is in place now (both funded and not) to meet the mobility need?
* Provide specifics as to why this not meeting the need.
* How does the person transfer? What assistance from care givers (if any) is required and what transfer equipment is in place?
* What equipment is currently in place to assist with activities of daily living?
* What essential tasks can they not do now?
* Provide an activity analysis.

# Clinical Reasoning

* If your proposed solution is outside the preferred product list one/two/three, provide clinical rationale why the lower bands ( less complex equipment) will not meet the essential disability need.
* How does the client sit, i.e. posterior pelvic tilted, left obliquity and is this reducible or non-reducible?
* If requesting accommodation of kyphosis, lordosis, or rib distortion from seating - what is the specific depth of this?
* If accommodating hip angle - what is the specific hip angle?
* If power features are already in place - how is each feature used daily and for what?
* Power tilt - this is recommended on all PWC other than Category A (please advise if this needs to be programmed out for ease of the person’s use).

## Power elevate

* + Provide information if related to - standing transfers, how specifically.

does the person transfer now, i.e. takes several attempts to stand, tilts chair and then stands

* + What equipment is already in place to assist with transfers?
	+ Are standing transfers predicted to be sustainable long term?
	+ How will the person remove the foot supports to stand?
	+ Why will a fixed seat-to-floor height not work?
	+ Is the person using other equipment that raises in height to assist with transfer, i.e. hospital bed and this shows potential to benefit?
	+ If the person is completing sliding transfers, what range of heights to they need to move to and do any surfaces adjust in height?
	+ If required for toilet transfers, will the person be independent with the rest of the activity?

## For reach

* + Does the person have the trunk rotation to approach surfaces side on?
	+ Do they have the hand function to benefit?
	+ Why can items not be left within reach?
	+ Is a package of care (POC) already in place for meal preparation and groceries?

## Power recline

* + Why will a fixed open back angle not work?
	+ Is there already evidence of potential to benefit, i.e., use recline on lazy boy or sitting up in bed?

## Power elevating lower leg supports

* + Will manual elevating lower leg support work?
	+ Is going to bed to elevate legs an option?
	+ Is there already evidence of potential to benefit, i.e., raising legs on a lazy boy or stool?

## Seating

* + What specific needs does the person need from a cushion, i.e., pressure relief, contour, ability to adjust in the future, firm for transfers?
	+ What specific needs does the person have from a back support, i.e., in-built lateral trunk support, depth required shoulder support?

# Proposed Solution

* Need to consider preferred supplier list solutions and panel supply.
* Be specific with sizes required.
* If going custom, eliminate off-the-shelf products in the first instance.

# Attachments

* Wheelchair script.
* Evidence of work or study.
* Behaviour Support Plan as per the Challenging Behaviour Process if relevant.
* Photos if appropriate.