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| **MEDICAL CONDITIONS** | **LEVEL BY SHELTER TYPE** | | |
| **GENERAL POPULATION SHELTER** | **SPECIAL NEEDS SHELTER (SpNS)** | **MEDICAL MANAGEMENT FACILITY  (HOSPITAL OR NURSING FACILITY)** |
| **Acute contagious diseases** | YES, such as colds/flu | YES, such as active tuberculosis under treatment, acute Hepatitis A | Confer with your physician |
| **Alzheimer's Disease** | Early Stage with Caregiver | Moderate with caregiver; need staff specifically assigned to person 24/7 | Advanced: - Bedridden - Nonverbal -Refusal to eat -Totally dependent |
| **Ambulating Difficulty (walker, cane, crutches)** | YES | If other qualifying medical conditions exist that indicate a need | NO |
| **Ameliorating Lateral Sclerosis (ALS)** | Early Stage | Middle Stage, with other qualifying conditions | Late Stage |
| **Aphasia  (non-communicative)** | YES | NO | NO |
| **Assistance w/Activities of Daily Living, such as personal care, mobility, feeding, taking medications** | YES | If other qualifying medical conditions exist that indicate a need | NO |
| **Asthma** | Mild; stable | If needs electricity for nebulizer | If unstable with medication |
| **Autism** | YES. If controllable with caregiver | Moderately symptomatic autism with caregiver | NO |
| **Cardiac** | Stable | Unstable, but controlled with medication | Unstable |
| **Cerebrovascular Accident (CVA, Stroke)** | Ambulatory/wheelchair bound with caregiver | If capable of transferring out of wheelchair with caregiver, and with other qualifying conditions | Bedridden |
| **Chronic Obstructive Pulmonary Disease (COPD) Chronic Bronchitis, Emphysema** | Not oxygen dependent | Intermittent/continuous oxygen use | Unstable |
| **Colostomy/Ileostomy** | If independent or with caregiver | With caregiver and if other qualifying medical conditions exist that indicate a need | NO |
| **Comatose** | NO | NO | YES |
| **Cystic Fibrosis** | Stable | Nebulizer needed | Acute respiratory infection |
| **Dementia** | Ambulatory with caregiver | Ambulatory with caregiver if other qualifying conditions indicate a need | End-stage, non-ambulatory, or aggressive |
| **Diabetes/Hyperglycemia** | YES | If other qualifying medical conditions exist that indicate a need | If unstable |
| **Dialysis** | Stable with access to dialysis | If other qualifying medical conditions exist that indicate a need | If in acute kidney failure |
| **Eating and swallowing disorders** | YES | NO | NO |
| **Edema** | YES | NO | NO |
| **Fractured bones** | YES | NO | NO |
| **High blood pressure/hypertension** | YES, if stable | If other qualifying medical conditions exist that indicate a need | If unstable |
| **Hip/knee replacement** | Ambulatory | Ambulatory with other medical conditions that indicate need | Non-ambulatory/Bedridden |
| **Medical equipment attachments** | YES | Gastrostomy tube if other qualifying conditions indicate need | Intravenous lines/nasogastric tubes, central venous catheters or tracheostomy tube (newly placed) |
| **Multiple Sclerosis** | Early, ambulatory with caregiver | Moderate with other qualifying medical conditions and caregiver | Advanced; bedridden |
| **Muscular Dystrophy** | Early, ambulatory with caregiver | Moderate with other qualifying medical conditions and caregiver | Advanced; bedridden |
| **Neuromuscular disorders** | Early, ambulatory with caregiver | Moderate with other qualifying medical conditions and caregiver | Advanced; bedridden |
| **Obesity** | YES, if ambulatory | Depends on other qualifying health issues | Non-ambulatory; bedridden |
| **Osteoarthritis/osteoporosis** | Early, ambulatory with caregiver | If other qualifying medical conditions exist that indicate a need | Advanced; bedridden |
| **Parkinson's Disease** | Early, ambulatory with caregiver | Moderate with other qualifying medical conditions and caregiver | Advanced |
| **Psychosis** | Controlled | Depends on other health issues | Uncontrolled |
| **Respirator/ventilator dependent** | NO | NO | YES |
| **Seizures** | Controlled | NO, unless other qualifying medical conditions exist that indicate a need | YES, uncontrolled |
| **Sleep apnea** | Non-electric dependent | YES, if electrically dependent. NO, if there is General Population Shelter with electricity | NO |
| **Wound/skin lesions** | Minor sores/non-fluid | Moderate open sores; draining | NO |
| **Do Not Resuscitate (DNR)** | YES | YES, if other qualifying medical conditions exist that indicate a need | NO |
| **Hospice patients** | Stable; ambulatory | Conscious; depends on other health conditions. Must have caregiver. | Unconscious |
| **Pediatric patients** | Stable | CMS shelters; most likely SpNS clients with CMS staff | Ventilators, etc. |

\* Wounds infected with MRSA are not appropriate for General or Special Needs Shelters