

MEDICAL ASSESSMENT/REFERRAL FORM - HOME OXYGEN CONCENTRATOR PROGRAM (HOCP)



RHA Name/Address	Client Name	
	Address / Postal Code	
	Town / City	
	Phone #	
	PHIN / MHSC#	
	Date of Birth	Gender

Referring Practitioner: _____ Phone: _____

Family Physician: _____ Phone: _____

Client contact: _____ Phone: _____

Diagnosis / Medications/ Significant Medical History (eg. Active Tuberculosis) – Attach with Referral _____

Safety/Hazard Identification (e.g. smoking, bed bugs, violent behaviours): _____

Preliminary oxygen education/safety reviewed with client/caregiver _____

INITIAL MEDICAL ELIGIBILITY

Check appropriate box(es) (To be completed by the referring practitioner: physician, physician assistant, or nurse practitioner)

Referral will **NOT** be processed unless completed in full and results attached: ABG/Walk Test/Sleep Study/Palliative Oxygen Assessment

Resting Hypoxemia: Client meets at least one of the following parameters AND supplemental oxygen is required at least 18 hours per day.

- Adults
 - Initial ABG on Room Air for HOCP entry : $PaO_2 \leq 59$ mmHg (ABG must be within four [4] days of Assessment/Referral form submission)
- Pediatrics (Children 17 years old and under)
 - Meet the British Thoracic Society Guidelines for oxygen therapy in children
 - Referral to pediatric respirologist

Exertional Oxygen

- ABG on room air – One (1) result of $PaO_2 > 59$ mmHg AND

One of:

- Evidence of desaturation on room air during exertion, to $SpO_2 < 89\%$ for a minimum of one (1) minute (Blinded six (6) minute walk test administered with documented improved performance on oxygen versus room air (include distance walked increases by 25% and a minimum of 30 metres)
- During the course of the Blinded six (6) minute walk test, evidence of desaturation on Room Air during exertion, to $SpO_2 < 80\%$ for a minimum of one (1) minute (i.e., test may be terminated; no need to demonstrate objective measured improvement)

Nocturnal Desaturation

- Respiratory sleep study that demonstrates minimally 5% sleep time at $SpO_2 \leq 85\%$
- Non-invasive positive pressure ventilation (NIPPV) alone not adequate to maintain $SpO_2 > 85\%$ on room air
- Sleep study demonstrates titrated oxygen administration is required to maintain $SpO_2 > 85\%$ during sleep.

Palliative Oxygen. Client must be registered with a regional Palliative Care Program

- Assessment for home oxygen therapy completed by a Palliative Care Program professional.

Client name: _____ PHIN: _____

Oxygen Prescription / Delivery Mode

Continuous _____ litres/min Exertion _____ litres/min Nocturnal _____ litres/min

Via: Nasal Prongs Other (describe): _____

Referring physician, physician assistant or nurse practitioner _____ Date _____
Print name / signature (dd/mm/yyyy)

Date of follow-up testing:

Disposition of Referral – Initial Medical Eligibility for HOCP

Approved Not Approved Reason _____

Approved Regional Respiratory Authorizer, Regional Home Oxygen Administrator, Palliative Care Program Professional or Designated Provincial Respiratory Consultant _____ Date _____
Print name / signature (dd/mm/yyyy)

REASSESSMENT FOR CONTINUED MEDICAL ELIGIBILITY – RESTING HYPOXEMIA AND EXERTIONAL ONLY

Reassessment must be done one to three months post initial eligibility/ treatment initiation

Check appropriate box(es) (To be verified/completed by regional designate)

Referral will NOT be processed unless completed in full and results attached: ABG/Walk Test

- Resting Hypoxemia:** Client meets at least one of the following parameters AND supplemental oxygen is required at least 18 hours per day.
 - Adults
 - ABG on Room Air - no closer than one (1) month and not greater than three (3) months from date of Initial HOCP Entry ABG: $PaO_2 \leq 59$ mmHg
 - Pediatric (Children 17 years of age and under)
 - Yearly testing that meet the British Thoracic Society Guidelines for oxygen therapy in children
- Exertional Oxygen**
 - ABG on room air – One (1) result of $PaO_2 > 59$ mmHg ANDOne of:
 - Evidence of desaturation on room air during exertion to $SpO_2 < 89\%$ for a minimum of one (1) minute (Blinded six (6) minute walk test administered with documented improved performance on oxygen versus room air (include distance walked increases by 25% and a minimum of 30 metres)
 - During the course of the Blinded six (6) minute walk test, evidence of desaturation on Room Air during exertion, to $SpO_2 < 80\%$ for a minimum of one (1) minute (i.e., test may be terminated; no need to demonstrate objective measured improvement)

Regional Home Oxygen Administrator or designate _____ Date _____
Print name / signature (dd/mm/yyyy)

Disposition of Referral – Continued Medical Eligibility for HOCP

NOTE: Palliative Oxygen and Nocturnal Oxygen are exempt from reassessment for continued medical eligibility

Approved Not Approved Reason _____

Approved Regional Respiratory Authorizer, or Designated Provincial Respiratory Consultant _____ Date _____
Print name / signature (dd/mm/yyyy)