

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 (DD/MMM/YYYY)	Gender
Referring Practitioner: _____ Phone: _____		
Family Physician: _____ Phone: _____		
Client contact: _____ Phone: _____		

Diagnosis / Medications / Significant Medical History (e.g. 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 : PaO₂ ≤59 mmHg (ABG must be within four (4) days of Assessment/Referral form submission)
 - Pediatrics (Children 17 years old of age 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 PaO₂ >59 mmHg AND
- One of:
- Evidence of desaturation on room air during exertion, to SpO₂ <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 SpO₂ <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 SpO₂ ≤85%
 - Non-invasive positive pressure ventilation (NIPPV) alone not adequate to maintain SpO₂ >85% on room air
 - Sleep study demonstrates titrated oxygen administration is required to maintain SpO₂ >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

Print name / signature Date _____ (DD/MMM/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

Print name / signature Date _____ (DD/MMM/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: PaO₂ ≤59 mmHg
 - Pediatrics (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 PaO₂ >59 mmHg ANDOne of:
 - Evidence of desaturation on room air during exertion, to SpO₂ <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 SpO₂ <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

Print name / signature Date _____ (DD/MMM/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

Print name / signature Date _____ (DD/MMM/YYYY)