

Addressograph

Oxygen Saturation Study Form

Short-term Home Oxygen Funding

Date: _____

Client's Name: _____

Client's PHN/ PARIS id: _____

Use this form to record and document oximetry at rest and/ or ambulation or when ABG is not possible/ practical. Out patient Labs and Pulmonary Function Labs must perform long-term study including change in distance walked. If the client is unable to walk 1 minute or more, ambulatory oxygen will not be useful and will not be funded. Ambulatory oximetry should only be done if client walks as an activity of daily living. **The safe use of oxygen at all times is vital.**

- Resting oximetry:
 - Client must be: at rest, seated, and breathing room air for at least 10 minutes, then
 - Oximetry must be monitored and recorded continuously for at least 6 minutes.
 - Resting funding eligibility:
 - SpO₂ < 88% for 6 consecutive minutes, or
 - Please provide oxygen flow rate to achieve SpO₂ ≥ 90% if possible.
- Ambulation oximetry:
 - If SpO₂ < 88% for 6 consecutive minutes on room air at rest do not perform ambulatory oximetry on room air.
 - If SpO₂ ≥ 88% on room air at rest, perform ambulation oximetry on room air if client ambulates and if appropriate for client's condition.
 - Client may stop during the 6 minute study. Do not stop the timer and do not record oximetry during pauses. Document pauses in walking with a dash.
 - Post-ambulation saturation is not acceptable.
 - Ambulatory funding eligibility:
 - SpO₂ < 88% for > 1 minute during a 6-minute maximum recorded study at client's usual ambulation ability on a flat surface (no treadmills, etc), or
 - SpO₂ < 80 % for > 1 minute during ambulation.
 - Please provide oxygen flow rate to achieve SpO₂ ≥ 90% if possible.

Minutes	Room Air Study				Oxygen Study			
	Resting		Ambulation		Resting		Ambulation	
					Flow: _____		Flow: _____	
	SpO ₂	Pulse	SpO ₂	Pulse	SpO ₂	Pulse	SpO ₂	Pulse
0								
0.5								
1								
1.5								
2								
2.5								
3								
3.5								
4								
4.5								
5								
5.5								
6								

Comments: _____

Clinician's signature: _____ **Contact information:** _____