



PLEASE ENSURE ALL SECTIONS ARE ACKNOWLEDGED TO ENSURE SUPPLY CONTINUES

Attention: Domiciliary Oxygen Program, SWEP, PO Box 1993 Bakery Hill Victoria 3354 or swepoxy@bhs.org.au

Review Date:

1 – Client Details

Title Mr Mst Mrs Ms Miss Other -

Surname Given Name/s

DOB

Address: Unit No. No. Street Name

Suburb Postcode Is this a CRU? Yes No

Contact: Home Mobile

2 - Client Diagnosis (please tick all relevant boxes) Adults

Adults

- COPD Interstitial Lung Disease Pulmonary Arterial Hypertension
- Bronchiectasis Sleep-Disordered Breathing Other
- Terminal Malignancy (please specify)
- Advanced cardiac disease (please specify)

Children

- Bronchopulmonary Dysplasia Bronchiectasis Sleep-Disordered Breathing
- Cyanotic Congenital Heart Disease Severe life-threatening asthma (and living in remote area) Palliative Care

3 – Additional Questions

Does your client continue to be a non-smoker? Yes No
(If no please indicate below that you have discussed with your client that funding will now cease)

Is your client aware that funding will cease if they are found to be smoking in future? Yes No

Does your client currently receive an Australian Government Home Care Package? Yes No
(If yes please state the Case Manager's Name and contact details below)

Is your client currently residing in an Aged Care Facility? Yes No
(If yes please state the Name and contact details of the facility)

Further details

4 – Equipment Details

The current holdings and flow rate of the client are:

Concentrator Flow Rate (Rest) lpm Flow Rate (Nocturnal) lpm Hours per day

Portable cylinder/s Flow rate (intermittent/on exertion) lpm No. of Cylinders

If you wish to alter the prescription and/or holdings please state the new prescription below: (you may be required to submit further test results as per the TSANZ Guidelines for consideration by the DHS Respiratory Physician):

Concentrator Flow Rate (Rest) lpm Flow Rate (Nocturnal) lpm Hours per day

Portable cylinder/s Flow rate (intermittent/on exertion) lpm No. of Cylinders

Portable Concentrator Setting NB. The client must be tested on the requested POC to determine the appropriate machine setting.

5 - Additional Medical Information

6 – Review Assessment/s Undertaken

If this Review is to amend the applicants oxygen supply to include a different method of supply (eg add concentrator) then assessments as per the TSANZ Guidelines must be completed with appropriate evidence recorded and attached to this application for consideration by the DHS Respiratory Physician (*note: if all appropriate evidence is not included with this review it will be returned*)

Arterial Blood Gases

Date

	Flow Rate	pH	PaCO2	PO2	SaO2	COHb	Hb
Air							
Intranasal O2							
Intranasal O2							

Exercise Testing (six minute walking test with oximetry)

Date Distance Walked

	Rest	1min	2min	3min	4min	5min	6min
Air							
Pulse							
% Saturation							

Intranasal Oxygen with Conservation Device Set at litres per minute

Date Distance Walked

	Rest	1min	2min	3min	4min	5min	6min
Pulse							
% Saturation							

Home Oximetry Testing (please enter test results below)

Date

Spirometry and Diffusing Capacity

Date

Predicted

Pre Bronchodilator

Post Bronchodilator

FEV1

FVC

FEV1/FVC%

DLCO

Further comments:

7 – Testing Facility Contact (if applicable)

Contact Person

Position

Facility Name

Phone

8 - Prescribing Physician Details

SWEP Registration Number

Name

Signature

Organisation

Best Contact: Phone

Fax

Email

****If you are a SWEP registered GP and you wish to make a change to the Prescription, the treating Physician must validate the change Section 9****

9 – Validating Physician Details (if required)

Refer to SWEP Domiciliary Oxygen Prescriber Registration and Credentialing Framework

SWEP Registration Number

Name

Signature

Provision of funding for oxygen gas and associated equipment for domiciliary oxygen therapy will be in accordance with the Position Statement (guidelines) established by the Thoracic Society of Australia and New Zealand (TSANZ). For further details on adults see *Medical Journal of Australia* 2005;182:621:626 at: http://www.mja.com.au/public/issues/182_12_200605/mcd10865_fm.html For further details on children see TSANZ Position Statement for Infants with chronic neonatal lung disease: recommendations for home oxygen therapy in children at: <http://www.thoracic.org.au/oxygentherapydoc01.pdf>