



SWEP COVID OXYGEN PROGRAM REFERRAL



Please forward to SWEP at Email: swep@bhs.org.au or Fax 5333 8111
at least 24 hours prior to discharge. COVID+ Oxygen Program enquiries call PH 5333 8100 Option 3

1 – Hospital Details

Discharging Hospital Discharging Ward

Discharging Ward Phone#

Respiratory / Clinical Care Team Contact

Contact Email

Prescribing Physician Planned Discharge Date

COVID+ (No PHU clearance)

COVID Cleared (Cleared by PHU but still requiring oxygen)

Reassessment arranged within 30 days to ensure appropriate referral to alternate funding service if oxygen is required post 30-day funded period. Yes No

2 – Patient and delivery details

Patient Name Date of Birth

Address

Patient Phone

Delivery Contact Name Delivery Contact Phone

Relationship to patient

Patient understands this equipment is funded for a 30 day period only Yes No

Oxygen equipment will be delivered to the patient's address unless otherwise specified below (*Note: No deliveries to Hospitals*)

3 – Prescription

The patient meets the COVID Clinical Indicators (\leq SpO2 93% room air) for provision of domiciliary oxygen Yes No

Prescription/Litres per minute for hours per day

Equipment to be supplied:

Oxygen Concentrator AND

4 x C size (470L) cylinders Pulsed Flow Constant Flow

Cylinder bag or Cylinder trolley

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