



**State-wide Equipment Program (SWEP)
Annual Review Form
Domiciliary Oxygen- Adult & Pediatric**

Important information before completing an annual oxygen review.

- You must be a SWEP registered practitioner, eligible to prescribe oxygen equipment.
- An annual review is required to determine ongoing eligibility and ensure the current prescription meets the clinical needs of your patient.
- SWEP incurs a monthly fee for the hire of prescribed oxygen equipment, regardless of whether it is actively being used by the patient.
- For a patient to be eligible for subsidised oxygen through the Domiciliary Oxygen Program, clinical test results must meet the Thoracic Society of Australia and New Zealand's (TSANZ) guidelines for domiciliary oxygen provision.
- For more information about adult eligibility see the [TSANZ's Clinical practice guidelines on domiciliary oxygen therapy](#)
- For more information about child eligibility see the [TSANZ's position paper on Respiratory management of infants with chronic lung disease](#)
- Please ensure all sections are completed and return the form to:
swepoxy@qh.org.au OR Domiciliary Oxygen Program, SWEP, PO Box 1993, Bakery Hill Victoria 3354

For more information refer to our website <https://swep.bhs.org.au> or call us on 1300 747 937

Registering oxygen equipment with patients' electricity provider

If applicable, as part of the patient's care plan, please ensure they have contacted their electricity provider and registered details of their life support medical device. This should ensure the patient receives adequate support during power outages.

Additionally, the rebate form through DFFH Services can be completed to assist with the cost of living. <https://services.dffh.vic.gov.au/life-support-concession>

18 February 2025

Review Date:

1 – Patient Details

Name:	Consumer ID:
Address:	
Date of Birth:	
Phone:	
Email:	

Contact person:	Phone:
Relationship to patient:	Email:

2 – Eligibility Assessment

Is the patient on a Home Care Package (HCP)? Yes No
 (If yes, consumer ineligible for SWEP funding please notify SWEP and reach out to the HCP Provider for funding)

Is the patient residing in residential aged care? Yes No
 (If yes, please notify SWEP as consumer is ineligible for SWEP funding)

Is the consumer a current smoker? Yes No

Please note, if the patient is found to be smoking their funding will immediately cease. Proof will be required that they have abstained from smoking for at least four weeks before reinstatement of funding can be considered.

3 – Prescription Details

Your patient's current prescription is:

Is a change to prescription required?

No change required - please complete section 4 (and 5 if validation is required).

Yes change is required - please complete **all** relevant sections below and ensure that you:

1. **Include all the current equipment** the patient is using
2. **Specify any additional equipment** required for the new prescription

Concentrator Flow Rate (Rest) lpm Flow Rate (Nocturnal) lpm

24 hours/day (continuous) ≥ 16 hours/day Nocturnal

Portable Cylinder/s No. of cylinders Flow rate (on exertion) lpm

Portable Concentrator Pulse flow Continuous & Pulse flow Setting

4 - Prescribing Practitioner Details

Practitioner ID Name Signature
Organisation
Best Contact: Phone Fax Email

Please note: If you are a SWEP registered GP and you wish to make a change to the prescription, the SWEP registered treating specialist (Respiratory Physician, Cardiologist, or Oncologist) must validate the change in Section 5*

5 – Validating Practitioner Details (if required)

Refer to SWEP Domiciliary Oxygen Practitioner Registration and Credentialing Framework

SWEP Number Name Signature

6 – Review Assessment/s Undertaken (if required)

This section only needs to be completed when your patient requires a change to the type of oxygen equipment they currently have. For example, if your patient currently has oxygen cylinders only and now requires a stationary concentrator you will be required to complete relevant sections below to demonstrate eligibility in line with the TSANZ Guidelines.

Arterial Blood Gases

Date	<input type="text"/>						
	Flow Rate	pH	PaCO ₂	PO ₂	SaO ₂	COHb	Hb
Air		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intranasal O ₂	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intranasal O ₂	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Exercise Testing (six-minute walking test with oximetry)

Date	<input type="text"/>						
Air	Rest	1min	2min	3min	4min	5min	6min
Pulse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
% Saturation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Intranasal Oxygen with Conservation Device Set at liters per minute

Date	<input type="text"/>						
Air	Rest	1min	2min	3min	4min	5min	6min
Pulse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
% Saturation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Echocardiogram

Date	<input type="text"/>	RSVP (mmHg)	<input type="text"/>	PASP (mmHg)	<input type="text"/>
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Sleep Study

Date	<input type="text"/>	Percentage of sleep time SpO ₂ ≤ 88%	<input type="text"/>
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