



CARO REGION

Pulse Ox Check/Home O2 Qualification Assessment Form

Patient Name: _____ D.O.B.: _____ MR #: _____

Diagnosis: _____ D.O.S. _____

SaO₂/Pulse Ox

Spot Check: Ordering Physician: _____

SaO₂: _____ Date/Time: _____

Comments: _____ Tech: _____

O₂ Qualification (for home O₂)

Ordering Physician: _____ Date/Time: _____

Oxygen Concentrator and Portable System _____

LPM _____ Mask _____ Cannula _____ Frequency _____ Duration _____

PULSE OXIMETRY: Room Air _____ or ABG RESULTS: PCO₂ _____ or

PULSE OXIMETRY *with* EXERCISE (Three tests required):

Room Air at rest _____ During Exercise without O₂ _____ During Exercise with O₂ _____

Progress Notes:

Physician Signature: _____ Date: _____

Printed Physician Name: _____

Coverage Requirements

- Saturation level of 88% or less or PO₂ (ABG) of 55 or less. Patient automatically qualifies.
- The patient's saturation level is 89% or above while awake but 88% or below **for at least five minutes** during sleep or exercise and **oxygen administration improves the hypoxemia.**

If patient's saturation is 89% or higher or PO₂ is 56-59 on room air, they could still qualify for home oxygen therapy. The following criteria should be reviewed by the attending physician and/or the nurse.

- The patient's saturation level is 89% at rest (awake) or during sleep for at least five minutes or during exercise AND one or more of the following:
 - a. The patient has dependent edema suggesting congestive heart failure.
 - b. The patient has pulmonary hypertension or cor pulmonale, determined by echocardiogram or "P" pulmonale on EKG (P wave greater than 3 mm in standard leads II, III, or AVF).
 - c. The patient has erythrocythemia with hematocrit greater than 56%.