

Requisition Not Valid Unless Signed By Physician

Date: _____ PHN: _____

Patient Name: _____ DOB: _____

Patient home phone: _____ Work phone: _____

Diagnosis/Clinical Indications: _____ Ht. _____ Wt. _____

REFERRAL SOURCE: **Doctor** **Oxygen Provider** **Other** _____

Diagnostics:
 Complete Respiratory Assessment includes:

- Spirometry Pre & Post Bronchodilator (Salbutamol 100 mcg MDI, max. of 4 puffs with spacer device).
- SpO₂ at rest & SpO₂ with exercise if indicated.
- ABGs if indicated by SpO₂ less than or equal to 92%. Challenge the AADL Exertional Walk Test if all criteria are met. Home O₂ therapy set-up if AADL oxygen therapy eligibility criteria are met. Initiate oxygen therapy as required to keep SpO₂ greater than 89%.

Or:
 Oxygen Therapy Assessment:

- ABGs only.
- SpO₂ testing only @ rest and with exercise. Challenge the AADL Exertional Walk Test if all criteria are met.
- Home O₂ therapy assessment and set-up if AADL oxygen therapy eligibility criteria is met, initiate oxygen therapy as required, to keep SpO₂ greater than 89%.

Education:
 Asthma Teaching includes:

- A & P, medication review & inhaler device training, trigger management, Action Plan Draft, Peak Flow meter Training/Diary Tracking

 COPD Teaching includes:

- A & P, medication review and inhaler device training, oxygen equipment review (if required), energy conservation techniques, breathing exercises and a COPD Self-Management Plan

 Epipen® Training & Anaphylaxis Education

 Other: _____

 Community COPD Rehabilitation Program – two days per week for eight weeks, includes pre-program assessment, spirometry, 6-minute walk test and ABGs if indicated. Available at various sites throughout the Zone. For information regarding locations and program dates call 780-735-3492.

* Pulmonary Rehabilitation Program is also available at The Centre for Lung Health at the Edmonton General site. Day and Evening classes are available. Telephone: 780-342-8951 Fax: 780-342-8980

Physician Information
Physician Name: _____ **Physician Signature:** _____

Physician Phone: _____ **Physician Fax:** _____

For Strathcona Community Hospital Allied Health FAX REQUISITION TO: 780 342 3554
For all other sites Fax Requisition to:
7910-112 Avenue, Edmonton, AB.
Fax: 780-488-6980
T5B-0C2
Voice mail: 780-735-3492