## How to Qualify for Home Oxygen

| Patient Name:  | DOB:  |
|--|---|
| Home Oxygen is for patients with seventh that might improve with therapy.      | ere lung disease or hypoxia-related symptom   |
| Severe Lung Diseases: COPD, diffuse i cystic fibrosis, chronic bronchitis, Emp | interstitial lung disease, bronchiectasis,<br>ohysema or some common diagnosis          |
| <b>Hypoxia-related symptoms:</b> Pulmona chronic cor pulmonale, erythrocytosis | ry hypertension, recurring CHF due to s, impairment of cognitive process.               |
|  | air % (If below 88% you are done – ot considered exercise it is considered an           |
| Step Two $-$ O2 sat with exercise on $\circ$                                   | room air %  |
| Step Three - O2 sat with exercise on (   | Oxygen @lpm NC %  |
| Test Performed by:   | Date/Time of Test:  |
| If <b>sat during rest is under 94 %</b> it is re<br>test                       | commended to do an overnight oximetry   |
| Then <b>if sat is at or below 88</b> % — the                                   | patient could benefit from nocturnal oxygen   |
|  | ng alternative treatment measures like;<br>e been tried or considered, and ruled out or |
| <b>Evidence of an in-person visit</b> with th                                  | e treating practitioner is performed within   |

**30 days** before initial set-up