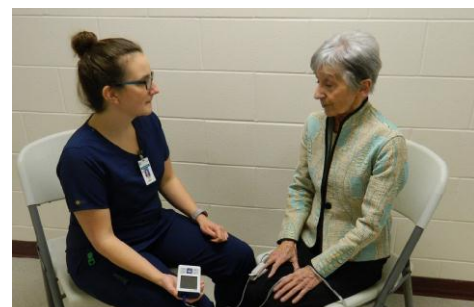


SAIL Home Oxygen Tester's Newsletter

December 2017

Published by The Lung Association, Saskatchewan



Next Home Oxygen Tester's Workshops (via Telehealth)

- Thursday, January 11, 1000-1200
- Thursday, February 27, 1000-1200
- Wednesday, April 11, 1000-1200

Interview with Wynyard Oxygen Tester – Julee Gibson, RN

How long have you been working as a Registered Nurse and conducting home oxygen testing?

I have been a Registered Nurse since 1996 and have been doing oxygen testing in Home Care for the last 5 years.

What is your favourite part of oxygen testing?

My favourite part of testing is when it goes like clockwork, the client falls into a “definitive” bracket - borderline.....not as easy! Especially when ABG's aren't accessible.

What are you thankful for?

I have wonderful support people at work and from the oxygen companies I work with, I am grateful for their help.

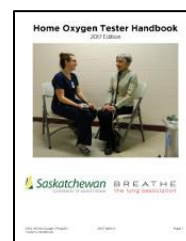


An updated Home Oxygen Tester Handbook is available!

Includes:

- Updated order forms
- Additional palliative information

*If anything is missing, email jaimie.peters@sk.lung.ca



[Download Handbook](#)

Rural Nocturnal Oximetry Updates

The Lung Association, Saskatchewan is contracted by the SAIL program to provide oximeters for nocturnal testing in rural areas. This testing can be time consuming for multiple reasons. The system works best if the oximeter is returned to The Lung Association promptly and within a week of the test.

STOP-BANG Sleep Apnea Screening Tool

The Epworth Sleepiness Scale has been replaced with the STOP-BANG sleep apnea screening tool as part of the rural nocturnal oximetry program. Nocturnal oximetry has only a modest diagnostic value in identifying obstructive sleep apnea (OSA). The STOP-BANG questionnaire has been proven to be a concise, effective, and reliable screening tool for OSA. It can help decide whether to perform nocturnal oximetry or refer a patient on for OSA testing. A BMI chart is also provided to assist with this tool. The STOP-BANG tool can be used in any practice if you are concerned about a diagnosis of OSA.

Circle yes or no on the below questions:

| | | | | |
|----------|---|------------|-----------|----------------|
| S | Do you Snore Loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night?) | Yes | No | Unknown |
| T | Do you often feel Tired, Fatigued, or Sleepy during the daytime (such as falling asleep during driving or talking to someone)? | Yes | No | Unknown |
| O | Has anyone Observed you stop breathing or choking/gasping during your sleep? | Yes | No | Unknown |
| P | Do you have or are being treated for High Blood Pressure ? | Yes | No | Unknown |

| | | | | |
|----------|---|------------|-----------|----------------|
| B | Is your BMI more than 35 kg/m ² ? (See BMI calculation chart on back page.) | Yes | No | Unknown |
| A | Are you AGE 50 or older? | Yes | No | Unknown |
| N | For males, is your Neck Size (shirt collar) 17"/43 cm or larger? For females, is your Neck Size (shirt collar) 16"/41 cm or larger? (Measured around Adams apple) | Yes | No | Unknown |
| G | Are you Male ? | Yes | No | Unknown |

The OSA risk for the general population is as follows:

| | |
|---------------------|--|
| Low Risk | <ul style="list-style-type: none"> • Yes to 0 - 2 questions |
| Intermediate Risk : | <ul style="list-style-type: none"> • Yes to 3 - 4 questions |
| High Risk : | <ul style="list-style-type: none"> • Yes to: • 5 - 8 questions <i>or</i> • 2 or more of 4 STOP questions + male gender <i>or</i> • 2 or more of 4 STOP questions + BMI <i>or</i> • 2 or more of 4 STOP questions + neck |

Visit www.stopbang.ca for more information and referencing. If you consider this patient at-risk for sleep apnea, an assessment by a respirologist may be beneficial.

Lung Association News

Province Adjusts Approach to Sleep Apnea Services

In September, the provincial government announced a change in its decision to end the free loan of CPAP equipment. CPAP equipment will instead be available for loan at a discounted rate of \$275 through the Government of Saskatchewan as of October 1, 2017.

The Lung Association applauds the Government of Saskatchewan for recognising the serious nature of sleep apnea and for re-thinking the proposed change to end the free loan program of Continuous Positive Air Pressure equipment. It is good news to hear of this compromise solution that will allow access and support for those who need treatment for this serious sleep disorder. See the news release [here](#).



The Lung Association Mission

To improve lung health one breath at a time. Our purpose is to improve respiratory health and the overall quality of life through programs, education, research, training, treatment and prevention of lung disease and promotion of a healthy environment and healthy lifestyles.



Exertional testing or 6MWT?

There has been some confusion noted between the role of exertional testing and the 6 Minute Walk Test (6MWT). Exertional testing has specific guidelines and can be found in the *Home Oxygen Testers Handbook* and/or the back of the *SAIL Oxygen Order Form*. The 6MWT is NOT intended for use in establishing need for supplemental oxygen and as such is not an appropriate substitution for exertional funding. It will not help a client qualify for funding.

Exertional testing is used to qualify someone for oxygen. It is highly recommended that exertional testing be done in a facility (ie. hospital, clinic, LTC, exercise clinic).

Reasons to test in a facility:

1. Access to oxygen.
2. A controlled environment with a level walking surface.
3. Distances can be measured for accurate testing.
4. Back up support if someone falls, faints, or has a medical emergency.

If testing in a facility is not possible, testers are encouraged to use their best clinical judgement when selecting an alternate location... If deemed appropriate, testing can be completed at home.

According to the American Thoracic Society Guidelines for the 6MWT (2002), testing should be performed in a location where a rapid, appropriate emergency response to an emergency is possible. Technicians must have a minimum Basic Life Support Training and health professionals with advanced cardiac life support certification is desirable. If a patient is on chronic oxygen therapy, oxygen should be given at their standard rate or as directed by a physician or a protocol.

The 6MWT is used:

- to compare pre-treatment and post-treatment care for lung and cardiac diseases (ie. pre/post-transplant, pulmonary rehab etc.)
- to determine functional status of older clients, clients with lung disease, cardiovascular disease, or fibromyalgia
- to predict morbidity and mortality of clients with lung and cardiac disease.

Concerns regarding home oxygen?

Any patient concerns regarding home oxygen care or treatment
can be reported directly to SAIL.

How long do oxygen cylinders last?

| Cylinder size | 1 LPM | 2 LPM | 3 LPM | 4 LPM | 5 LPM |
|----------------|-------|-------|-------|-------|-------|
| E (29" tall) | 10h | 5h | 4 h | 2.5h | 2h |
| D (19.5" tall) | 5h | 2.5h | 2h | 1.5h | 1h |
| C (14" tall) | 4h | 2h | 1h | | |

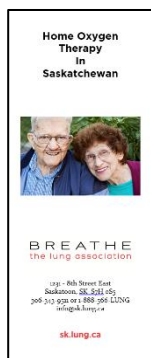
*Chart adapted from Prairie Oxygen's "Regulator and Cylinder Operations" Handout, 2017

The hours listed above are based on a full cylinder. As flow increases, the length of time decreases. Clients are often scared to leave their home in case they run out of oxygen as they only get 10 tanks per month. Ask the oxygen company for a copy if your client does not have one as it may help with planning outings and providing comfort. An oxygen conserving device (OCD) can help a cylinder last longer. An OCD may be provided to clients who have shown good use of their oxygen and who are using multiple tanks per month.



Home Oxygen Therapy Brochures

Home Oxygen Therapy in SK brochures are available for your clients. These brochures provide an overview of the purpose of home oxygen and outlines SAIL Home Oxygen Program details. [Email](#) to have some sent to you or [download now](#).



Testing Clients with High Flow Oxygen

There are clients who require oxygen flows of greater than 6 LPM, and should not have their oxygen removed for a room air test. Others may not feel well without their oxygen. If you need to test someone like this, please use the following method:

1. Leave the oxygen on at the prescribed level.
2. Obtain a 5 minute oximeter strip.
3. Leave the oximeter attached.
4. Turn down the oxygen slowly until the SpO₂ falls to 87%. (90% with cor pulmonale/polycythemia)
5. Obtain a 2 minute oximeter strip at 87% saturation.
6. Return oxygen flow to prescribed level.

Ethical Considerations

The relationship between the client and oxygen supplier is a business arrangement. It is unethical to accept elaborate gifts or payment from oxygen suppliers for referrals. Gifts can carry an implied expectation of reciprocity. While accepting gifts may not consciously affect your decision-making, the presence of the items is likely to make you think positively of the company or product. It may be seen as a product endorsement by clients or other suppliers.

Most oxygen testers in Saskatchewan are registered nurses, but the following guidelines can be a helpful tip for ALL TESTERS. The Saskatchewan Registered Nurses' Association (SRNA) [*Ethics Guidelines for Industry Sponsorships*](#) (2015) states that:

“RNs must fully disclose any gifts or entertainment offered them by private industry in their professional role. RNs may only accept from private industry inexpensive gifts of materials or supplies of a professional nature that will enhance their workplace.”

Testing Reminders:

- All oxygen testing requires an order from a physician or nurse practitioner.
- Continuous (resting) oxygen testing should be completed before any exertional testing.
- Both exertional and nocturnal testing requires the client to be STABLE. Client who has not had a hospitalization for a cardiorespiratory event, or had an exacerbation, or change of treatment in the past 30 days.

***NAME & SIGNATURE, TESTER NUMBER & DATE OF TEST
Must always be provided on ALL oxygen testing results.***

This is the number one reason SAIL cannot fund oxygen promptly which creates delays for the client and extra work for the oxygen vendor and SAIL.

Home Oxygen Suppliers:

There are five oxygen suppliers in Saskatchewan.

It is the clients decision to choose the oxygen company that will provide the best service and pricing for their needs.



Palliative Oxygen

Palliative oxygen has its own funding process. These are the following parameters that help determine whether a terminally ill individual is in the end stage of the palliative process (also found on the back of the SAIL Palliative Oxygen Order form):

1. The time frame for the end stage may be measured in terms of days or weeks of active dying. Time frames are difficult to determine, however, and in some cases, this end stage may be longer than a few weeks or as short as a couple of days.
2. There are typically day-to-day changes with deterioration proceeding at a dramatic pace. There is usually a sudden drop in the Palliative Performance Rating according to the Palliative Performance Scale developed by the Victoria Hospice Society and the Capital Regional District Home Nursing Care in British Columbia.
3. The end stage may be characterized by increasing intensity of need: increased assistance required for physical or psychological need, family exhaustion, usually a requirement for social work, pastoral care and therapies.
4. There is documented clinical progression of disease which may include a combination of symptoms such as dyspnea, crescendo pain, profound weakness, being essentially bed bound, increased nausea or drowsy for extended periods.
5. The terminally ill individual is assessed a Palliative Performance Rating of 30% according to the Palliative Performance Scale.

The client assessor, client care coordinator, or palliative team should have access to the Palliative Performance Scale forms. If a client has approved palliative status with extensive disease, is totally bed bound, and needs total care, palliative oxygen will be approved. An example of the SAIL Palliative Oxygen Order form is on the next page.

**Questions about a client's funding status?
Need more SAIL Oxygen and Palliative Oxygen Forms?**

Call SAIL @ 1-888-787-8996

**Questions about oxygen testing, funding criteria, or
troubleshooting?**

Call Jaimie @ 306-667-3012/1-888-566-5864



Saskatchewan Health

Aids to Independent Living

Telephone: (306) 787-7121
Fax: (306) 787-8679

Regional Health Authority Request for End Stage Palliative Oxygen Benefits

Please send the top copy directly to:
SAIL
3475 Albert Street,
Regina, Sask., S4S 6X6

Requisition Date

Y | Y | Y | Y | M | M | D | D

Client Identification

| | | | |
|------------------------|-------|-------------|-----------------------------|
| Surname | First | Initial | Health Services Card Number |
| Address | | | Birth Month and Year |
| City, Town, or Village | | | Y Y Y Y M M |
| Province | | Postal Code | Telephone Number |
| | | | |

End Stage Palliative Designation

I certify that this client has been assessed, by Regional Health Authority staff, as meeting the criteria for end stage palliative care, as defined in the Saskatchewan Health policy entitled "Policy Direction Regarding Supplies And Charges Related To Palliative Care" (criteria on the reverse of this form) and is eligible to receive the range of benefits described in that policy.

| | | |
|-------------------------------------|-------|------------------|
| Signature of Case Manager | Date: | RHA Name |
| Name of Case Manager (Please Print) | | Telephone Number |
| | | |

Prescription

Flow required: _____ lpm
By: Nasal cannulae
Other: _____
Use: Continuous:
Other: _____

Saskatchewan Health will fund the following equipment for continuous oxygen therapy:
Oxygen Concentrator and 10 small cylinders per month (maximum).

| | | |
|----------------------------------|-----------|------------------------|
| Prescriber's Name (Please Print) | Specialty | Telephone Number |
| Address | | Prescriber's Signature |
| City, Town, or Village | Province | |

Practitioner providing follow-up (if different than above):

| | | |
|---|-----------|------------------------|
| Renewals will be sent to this practitioner: | Specialty | Telephone Number |
| Address | | City, Town, or Village |
| | | Province |
| | | Postal Code |

To Client:

Please mark your choice of oxygen supplier below and sign where indicated. It is recommended that you contact more than one supplier before making your selection. Your supplier will require the second copy of this requisition and your signature in order to seek payment from Saskatchewan Health.

| | | | | |
|--------------------------|--------------------------|-----------------------------|---|----------------------------------|
| Airgas Canada Inc. | VitalAire | Provincial Home Oxygen Inc. | Prairie Oxygen Ltd. | Medigas (Praxair Canada Inc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Signature: | | Date: | If not signed by the user, specify the relationship: | |
| 04/07 | 1. SAIL (WHITE) | 2. Supplier (CANARY) | 3. Regional Health Authority (Palliative Care) (PINK) | 4. Physician (GREEN) |