

Patient Label

OXYGEN PRESCRIPTION & PATIENT CONSENT

Refer to Protocol 'CPM 02.7
OXYGEN THERAPY — COMMUNITY SUPPLY

**Refer to Respiratory Nurse for education and
equipment supply**

I have had explained to me and understand and consent to:

- **That I am aware if I smoke the oxygen will be removed immediately.**
- That oxygen is a prescribed medication. My oxygen must be used as prescribed to me and the oxygen suppliers legally cannot supply more than is prescribed.
- That I am responsible for the care of the equipment. If lost, stolen or damaged I will be responsible for payment of all costs.

**If phone number and delivery address is different
from above please document here**

Patient signature:

Date:

Health professional signature:

Date:

Print Name:

DIAGNOSIS

EQUIPMENT REQUIRED

Product Code	Description Number	Number Required
M11003	Adult oxygen Concentrator - High Flow	
M11003	Paediatric oxygen Concentrator - Low Flow	
M11007	Adult Regulator 0.15 LPM - High Flow	
M11006	Paediatric Regulator 0.3 LPM - Low Flow	
G17003	400L Oxygen Cylinder (Small)	
G17004	1600L Oxygen Cylinder (Medium) (ONLY if oxygen saturation on room air is below 88%)	
	35ft Tubing + Connector (for concentrator)	
	7ft Nasal Cannula (x1 for cylinder, x1 for concentrator)	

OXYGEN CONCENTRATOR _____ litres per minute

PRN use over 2 hours **OR** Use over 16 hours

OXYGEN CYLINDERS with regulator _____ litres per minute

For Ambulatory Oxygen **OR** Short Burst Oxygen

Prescriber Name:

Designation:

Prescribers Number:

Signature:

Date:

Ensure referral to Respiratory
Physician Completed

ARTERIAL BLOOD GASES

DATE:

pH pCO₂

pO₂ HCO₂

O₂ saturation

Referral and prescription sent to
District Nursing.

List hospital equipment given at
discharge over leaf.

FAX Tauranga 07 571 6046
Whakatane 07 306 0992

Note any home hazards for staff visiting

For Level 5 patients send this form
directly to the rest home.

Discharge date: _____ Time: _____

Delivery date: _____

Inpatient Outpatient

COMMENTS

ASSESSMENT FOR LONG TERM OXYGEN THERAPY (LTOT)

- If patient has clinically proven pulmonary hypertension and or polycythaemia and pO_2 7.3-8 kPa LTOT (discuss with Respiratory Physician)
- LTOT is not prescribed for symptom relief

Cylinder will last on 2 Litres per minute with a regulator for:

x1 small - 3.20 hours
 x2 small - 6.40 hours
 x1 medium - 13.20 hours
 x2 medium - 26.40 hours

EQUIPMENT GIVEN TO PATIENT
 (please record equipment numbers)

Concentrator # BM2
 Regulator # BMR
 Cylinder batch # _____

