

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (√)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____ Allergies: _____

Respiratory Assist Device Qualifying

Version 1 Approved 7/18/13

Respiratory

- Consult to respiratory therapy for respiratory assist device qualifying testing

*****SELECT ONLY ONE PATHWAY*****

COPD Pathway- Select ALL the following

- Provider to confirm OSA and CPAP treatment has been considered or ruled out
 - Blood gas, arterial : obtain while patient awake and on prescribed FiO2- confirm PaCO2 greater than or equal to 52 mmHg
 - Nocturnal oximetry study: on prescribed FiO2 or 2 Lpm whichever is higher. Observe for oxygen saturation less than or equal to 88% for greater than or equal to 5 minutes. Study duration should not be less than 2 hours

Reactive Thoracic Disorder Pathway: Select ALL of the following

- Provider to confirm that COPD does not contribute significantly to pulmonary limitation
 - Blood gas, arterial : obtain while patient awake and on prescribed FiO2- confirm PaCO2 greater than or equal to 45 mmHg
 - Nocturnal oximetry study: on prescribed FiO2 or 2 Lpm whichever is higher. Observe for oxygen saturation less than or equal to 88% for greater than or equal to 5 minutes. Study duration should not be less than 2 hours
 - If neuromuscular disease present: FVC less than 50% of predicted or MIP less than 60 cmH2O

Hypoventilation Pathway: Select ALL the following

- Blood gas, arterial : while patient awake and on prescribed FiO2- confirm PaCO2 greater than or equal to 45 mmHg
- Blood gas, arterial : while patient asleep(or immediately upon awaking) and on prescribed FiO2- Observe for PaCO2 worsening greater than or equal to 7 mmHg over baseline blood gas
- Spirometry and confirm FEV1/FVC greater than or equal to 70% and a FEV1 greater than or equal to 50% of predicted

Provider Signature: _____ Date: _____ Time: _____