

Improving HFNC discharges with severe COPD patients

Improving outcomes for severe COPD clients discharging on continuous oxygen through the use of High Flow Nasal Cannula. Physician Referral Form.

Patient:	DOB:	PHN:	Discharge Date:
Patient Contact Number:		Family Physician:	
Inclusion Criteria <i>(Both # 1 & 2 Criteria must be met)</i>	<input type="checkbox"/> 1. Patients on home oxygen program with continuous oxygen prescribed <input type="checkbox"/> 2. In the last 6 months, admitted to hospital with admitting diagnosis of either: <ul style="list-style-type: none"> <input type="checkbox"/> COPD exacerbation <input type="checkbox"/> Pneumonia and history of COPD 		
Exclusion Criteria <i>(Excluded if <u>any 1</u> Criteria is met)</i>	<input type="checkbox"/> On home CPAP or home BiPAP <input type="checkbox"/> Highly suspected to have obstructive sleep apnea syndrome <input type="checkbox"/> Physicians or patients who do not want the therapy <input type="checkbox"/> Patients living in a care facility		
<p>Please confirm the following:</p> <input type="checkbox"/> Diagnosis of COPD per physician notes or diagnostic testing <input type="checkbox"/> Written order from MRP for AIRVO in patient chart Example: "Airvo for Home use - Flow of 20-60 lpm to keep SpO2 >88%"			
Referring Physician: Date of Referral:			

Please leave a copy of this form with order for AIRVO in the patient's chart.