

# Overnight Oximetry Request Form

Department of Respiratory Medicine, Royal Children's Hospital

<b>Patient UR label</b>	
Name: ..... RCH UR: ..... DOB: .....	
Address: .....	Phone: .....

Requesting Doctor: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Doctor's email address for report: \_\_\_\_\_

Provider Number: \_\_\_\_\_ Phone ext: \_\_\_\_\_

Signature: \_\_\_\_\_

Indication for study: \_\_\_\_\_

Clinical Details: \_\_\_\_\_

Co-existing Conditions:

<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Chronic Lung Disease
<input type="checkbox"/>	Neuromuscular Disease
<input type="checkbox"/>	Scoliosis
<input type="checkbox"/>	Developmental Delay
<input type="checkbox"/>	Other _____

Medications: \_\_\_\_\_

Specific Requirements:

<input type="checkbox"/>	Oximetry to be performed in room air
<input type="checkbox"/>	Oximetry to be performed in O2 at ____ l/min
<input type="checkbox"/>	Set SaO2 alarm at: _____ (usually 88%)
<input type="checkbox"/>	Low heart rate alarm at: _____ (usually 90 bpm)

Changes to be made during the study:

- ☐ Nil
- ☐ If SaO2 drops below \_\_\_\_\_ commence oxygen at \_\_\_\_ l/min

Please Fax or send completed form to Home and Community Care: 9345 6231

## **INFORMATION ABOUT THE OVERNIGHT OXIMETRY SERVICE**

- 1. Please fill in the request form completely**
- 2. Test waiting time is about 6-8 weeks unless specified urgent**
- 3. If form not completed adequately it will be returned for more information and hence may add to the waiting time**
- 4. Results**
  - will be emailed to requesting doctor and a copy sent to medical records – please note that it is the responsibility of the requesting doctor to arrange appropriate follow up based on the test results**
  - will be available approximately 1-2 weeks after the test is performed**
  - If you need urgent results call Respiratory Medicine ext. 5818/5844 and ask to speak with Anne-Marie (respiratory scientist) or the respiratory nurse**