

OXIMETRY TEST INSTRUCTIONS
(to be performed by a regulated health professional)

GENERAL

- The oximetry test is performed to confirm that a client's medical condition improves when supplemental oxygen is administered.
- The test results must include the flow rate, the oxygen saturation, the pulse, the distance walked and the level of shortness of breath (using the BORG scale).
- Each printout or manually completed form must record at least 5 continuous minutes of monitoring.

There are 2 oximetry tests to be completed:

- Test 1 is performed on room air and must be done prior to test 2.
- Test 2 is performed on supplemental oxygen

Each of these tests has two phases: the first is the resting phase, which is followed by the walking phase.

Please print entire package and return all pages (including the instructions) to the requester. For clinics without oximeter printers, please manually-complete the forms provided in package. This measure is to help ensure oximetry testing protocol is followed.

Please note:

The requirement for oximetry testing is not intended to jeopardize the well-being of the client. It is expected that the regulated health professional performing the oximetry test will discuss all concerns regarding the client's condition with the prescriber (physician or nurse practitioner).

In some exceptional circumstances, the removal of supplemental oxygen to perform an oximetry test may be contraindicated. The regulated health professional may, in consultation with the prescriber, perform the oximetry test on supplemental oxygen and indicate the oxygen flow rate used during the test by including this information on the printout form or the Notes section, accompanied by an explanation of the circumstances.

Either test should be terminated if any of the following occurs:

- Chest pain suspicious for angina
- Evolving mental confusion or lack of coordination
- Evolving lightheadedness
- Intolerable dyspnea
- Leg cramps or extreme leg muscle fatigue
- Persistent SpO₂ < 82%
- Any other clinically warranted reason

If the oximetry test is terminated, the regulated health professional, in consultation with the prescriber, can submit the results to the requester with an explanation of the circumstances.

ROOM AIR OXIMETRY TEST INSTRUCTIONS

The client should rest on room air for 20 minutes prior to testing. The health professional is to provide the client with the BORG scale during the 20 minutes resting period which will allow the client to become familiar with the scale.

Part 1 – Resting (on room air)

1. The oxygen saturation and pulse must be measured every 15 seconds during the 5 continuous minutes.
2. At the end of the 5 continuous minutes, obtain the shortness of breath level using the BORG scale.
3. Proceed to Part 2, the Walking phase.

Important: If the saturation is less than 89% for a minimum of 2 minutes within a 5-minute period of continuous monitoring on room air, then no further room air testing is required. Proceed to supplemental oxygen oximetry test.

Part 2 – Walking (on room air)

Instructions to be given to the client prior to testing:

This is a 5-minute walking test. We are measuring the distance walked in this time frame. You are encouraged to cover as much distance as you can within this 5-minute period. Should you feel the need to stop, please do so. However, the time will continue to count down. Start walking again when you are ready. Continue walking with the objective of covering as much distance as possible until the 5 minutes are up.

Instructions for clinicians:

1. The oxygen saturation and pulse must be measured every 15 seconds during the 5 continuous minutes.
2. At the end of the 5 continuous minutes, obtain the BORG scale reading. **Should the patient feel the need to stop during the testing, record the following: stop times, length of time stopped, distance and obtain the BORG scale reading (details can be written in the Notes section provided on the form).**
3. Record the total distance walked (please ensure the distance walked can be measured).
4. Sign and date the completed oximetry printout or form.
5. Proceed to the Supplemental Oxygen Oximetry test.

Note: Normally the clinician does not walk with the patient during the test to avoid setting the walking pace.

SUPPLEMENTAL OXYGEN OXIMETRY TEST INSTRUCTIONS

After completing the walking (on room air) oximetry test, the client should rest for 20 minutes on the prescribed oxygen flow rate.

Part 1 – Resting (on oxygen)

1. The oxygen saturation and pulse must be measured every 15 seconds during the 5 continuous minutes.
2. At the end of the 5 continuous minutes, obtain the BORG scale reading.
3. Proceed to Part 2 – the Walking (on oxygen) phase.

Part 2 – Walking (on oxygen)

1. Repeat the client instructions as in the first walk.
2. The oxygen saturation and pulse must be measured every 15 seconds during the 5 continuous minutes.
3. At the end of the 5 continuous minutes, obtain the BORG scale reading. **Should the patient feel the need to stop during the testing, record the following: stop times, length of time stopped, distance and obtain BORG scale reading (details can be written in the Notes section provided on the form)**
4. Record distance walked (please ensure the distance walked can be measured).
5. Sign and date the completed oximetry printout or form.

ROOM AIR OXIMETRY TESTING – MODIFIED BORG SCALE

- A measuring tool to quantify dyspnea or shortness of breath
- Expressed by the client: how they describe their shortness of breath at a given time during the oximetry testing

SCALE	SEVERITY
<input type="radio"/> 0	No Breathlessness At All
<input type="radio"/> 0.5	Very Very Slight (Just Noticeable)
<input type="radio"/> 1	Very Slight
<input type="radio"/> 2	Slight Breathlessness
<input type="radio"/> 3	Moderate
<input type="radio"/> 4	Somewhat Severe
<input type="radio"/> 5	Severe Breathlessness
<input type="radio"/> 6	
<input type="radio"/> 7	Very Severe Breathlessness
<input type="radio"/> 8	
<input type="radio"/> 9	Very Very Severe (Almost Maximum)
<input type="radio"/> 10	Maximum

Client's Name: _____ **Date:** _____

NOTES

(Refer to Health Care Professional Attestation on last page.)

ROOM AIR OXIMETRY FORM
(For clinics with oximeters without printers)

Client's Name: _____ Date: _____ Time: _____

NOTE: Applicant must rest on room air for a minimum of 20 minutes prior to room air oximetry testing.

Part 1 - RESTING OXIMETRY ON ROOM AIR			Part 2 - WALKING OXIMETRY ON ROOM AIR		
Time	SpO2	Saturation Monitor Pulse Rate	Time	SpO2	Saturation Monitor Pulse Rate
0			0		
0 : 15 sec			0 : 15 sec		
0 : 30 sec			0 : 30 sec		
0 : 45 sec			0 : 45 sec		
1 minute			1 minute		
1 : 15			1 : 15		
1 : 30			1 : 30		
1 : 45			1 : 45		
2 minutes			2 minutes		
2 : 15			2 : 15		
2 : 30			2 : 30		
2 : 45			2 : 45		
3 minutes			3 minutes		
3 : 15			3 : 15		
3 : 30			3 : 30		
3 : 45			3 : 45		
4 minutes			4 minutes		
4 : 15			4 : 15		
4 : 30			4 : 30		
4 : 45			4 : 45		
5 minutes			5 minutes		
Ending BORG SCALE: Resting _____			Ending BORG SCALE: Walking _____		
			TOTAL DISTANCE WALKED ON ROOM AIR: _____		

(Refer to Health Care Professional Attestation on last page.)

OXYGEN OXIMETRY TEST FORM
(For clinics with oximeters without printers)

Client's Name: _____ Date: _____ Time: _____

NOTE: Applicant must rest on the prescribed oxygen flow rate for a minimum of 20 minutes prior to oxygen oximetry testing.

Part 1 - RESTING OXIMETRY WITH OXYGEN FLOW RATE OF _____ L/min			Part 2 - WALKING OXIMETRY WITH OXYGEN FLOW RATE OF _____ L/MIN		
Time	SpO2	Saturation Monitor Pulse Rate	Time	SpO2	Saturation Monitor Pulse Rate
0			0		
0 : 15 sec			0 : 15 sec		
0 : 30 sec			0 : 30 sec		
0 : 45 sec			0 : 45 sec		
1 minute			1 minute		
1 : 15			1 : 15		
1 : 30			1 : 30		
1 : 45			1 : 45		
2 minutes			2 minutes		
2 : 15			2 : 15		
2 : 30			2 : 30		
2 : 45			2 : 45		
3 minutes			3 minutes		
3 : 15			3 : 15		
3 : 30			3 : 30		
3 : 45			3 : 45		
4 minutes			4 minutes		
4 : 15			4 : 15		
4 : 30			4 : 30		
4 : 45			4 : 45		
5 minutes			5 minutes		
Ending BORG SCALE: Resting _____			Ending BORG SCALE: Walking _____		
			TOTAL DISTANCE WALKED ON OXYGEN: _____		

HEALTH CARE PROFESSIONAL ATTESTATION:

By signing below, I certify that I am the health professional that administered the oximetry testing (on room air and on oxygen) according to the instructions enclosed herewith, and the information contained in this form is accurate.

Signature: _____ Tel.: (_____) _____

Printed Name: _____