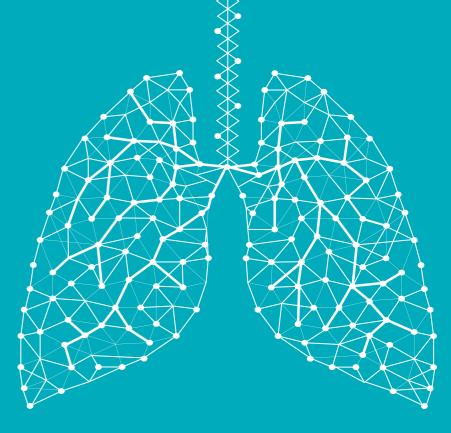
Portable Supply System			
Portable O² cylinder: 'B' size* 'C' size	**		
Oxygen conserving device Flow meter/Regulator			
@ 2 LPM 2.5 LPM 3 LPM 3.5 LPM	M 4 LPM		
4.5 LPM 5 LPM other			
*Short duration 'B' cylinder 170L (2.12kg), **Longer duration 'C' c	ylinder 490L (4.28kg)		
Portable Oxygen Concentrator (POC)			
Pulse dose (preferred for POC)			
@ Pulse setting: 2 3 4 5 Other			
Continuous			
@ 2 LPM 2.5 LPM 3 LPM 3.5 LPI	M 4 LPM		
4.5 LPM 5 LPM other			
Carry bag and/or Trolley			
— Carry bag and/or — Honey			
Supply recommended systems	. (. 4 E L DM)		
	s (<4.5 LPM)		
Supply with an oxygen conserving pendant: Yes	L No		
Supplier to provide titration assistance with finding optimal oxygen settings:	No		
Supply with printed lung foundation	П.,		
oxygen therapy booklet: Yes	No		
Prescriber Declaration			
Please provide the name, address and contact details of the who will continue to monitor the participant's condition.	ne clinician/prescriber		
Name: Email:			
Qualification/Role:			
Provider Number: DECLARATION			
Address: and have the require	I declare that I have assessed the above person and have the required qualification and level of		
	experience to prescribe this equipment according to the professional criteria for prescribers and in		
accordance to TSAN			
Fax: Date:			



Dust Diseases Care

GPO Box 5323 Sydney NSW 2001 Ph: (02) 8223 6600 Toll Free: 1800 550 027

Fax: (02) 9279 1520 www.icare.nsw.gov.au



Oxygen therapy

Information for medical providers

icare* Dust Diseases Care

Q: What oxygen therapy equipment is available?

- A: We have arrangements with key suppliers to provide a range of hire equipment for our participants, including:
 - Home stationary oxygen concentrators
 - Portable oxygen concentrators
 - Home freestanding or stationary oxygen cylinders
 - Portable oxygen cylinders.

The suppliers offer a range of equipment with varying specifications to meet participants' needs as recommended by their treating medical provider.

Q: Will icare pay for prescribed oxygen therapy equipment?

A: Yes. We cover the full cost of home oxygen therapy for participants in our dust diseases care scheme as prescribed by their treating medical provider.

This includes equipment for the home and any other use as required to ensure the best quality of life for the participant.

It is not subject to the Enable NSW funding guidelines.

Q: How is oxygen therapy requested?

A: Most dust diseases care participants will be receiving services from a respiratory or palliative care physician who are eligible prescribes and will identify the need for oxygen therapy. If a participant requires oxygen therapy, we recommend that our oxygen prescription form is completed by the treating respiratory or palliative care physician and returned to us as soon as practicable to ensure arrangement are made for a participant to have timely access to the therapy.

Other prescribers, such as general practitioners, can submit the prescription form in the absence of eligible prescribers, particularly in rural areas.

You can use the form to help identify the type(s) of equipment recommended and to provide us contact details of who will manage the ongoing monitoring of the participant's oxygen therapy requirements.

The prescription form is available on our website www.icare.nsw. gov.au or you can contact us directly on (02) 8223 6600 for a copy of the form.

Q: How is oxygen therapy prescription approved and provided?

A: Once we receive the completed prescription form, we will place the order with the relevant supplier and arrange delivery.

The appropriate device will be delivered and set up by the supplier, usually within 24 hours. Full training will also be provided.

In addition, the supplier will provide ongoing replacement/ refills, as well as any maintenance and repairs required. They can also provide titration assistance with finding optimal oxygen settings if recommended by the prescriber.

Q: What if the oxygen therapy of a participant changes?

A: The medical provider who is monitoring the participant's oxygen therapy can prescribe changes at any time by completing and submitting a new prescription form.

If equipment is no longer required for the participant, the provider can notify us and we will arrange collection with the supplier.



Oxygen Prescription Form



Participant's N	lame:				-
File Number:					_
Date of Birth:					_
	oxygen therap the participant	y reasonably c's dust disease?	Yes	No	
Oxygen Pr	escription				
Home Supply	System				
Oxygen bo	ottle with regula	ator			
@ 2 LPM	2.5 LPM	3 LPM	3.5 LPM	4 LPM	
4.5 LPM	5 LPM	other			_
Oxygen b	ottle with conse	erving device			
@ 2 LPM	2.5 LPM	3 LPM	3.5 LPM	4 LPM	
4.5 LPM	5 LPM	other			_
Home Con	centrator				
@ 2 LPM	2.5 LPM	3 LPM	3.5 LPM	4 LPM	
4.5 LPM	5 LPM	other			_
Large back up 'D' size cylinder					
@		hours per day			
			PTO for Portable Supply System		

Completed forms should be sent back to us:

Post: Health Care Services

icare Dust Diseases Care GPO Box 5323

Sydney NSW 2001

DDAenquiries@icare.nsw.gov.au

Fax: (02) 9279 1520