

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 4 LPM
 4.5 LPM 5 LPM other _____

*Short duration 'B' cylinder 170L (2.12kg), **Longer duration 'C' cylinder 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 LPM 4 LPM
 4.5 LPM 5 LPM other _____
 Carry bag and/or Trolley

Supply recommended systems (home and portable) with: Mask or Prongs (<4.5 LPM)

Supply with an oxygen conserving pendant: Yes No

Supplier to provide titration assistance with finding optimal oxygen settings: Yes No

Supply with printed lung foundation oxygen therapy booklet: Yes No

Prescriber Declaration

Please provide the name, address and contact details of the clinician/prescriber who will continue to monitor the participant's condition.

Name: _____ Email: _____

Qualification/Role: _____

Provider Number: _____

Address: _____

Phone: _____ Signature: _____

Fax: _____ Date: _____

DECLARATION

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 TSANZ guidelines.

icare
Dust Diseases Care

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Oxygen therapy

Information for medical providers

icare
Dust Diseases Care

Oxygen Prescription Form

Participant's Name: _____

File Number: _____

Date of Birth: _____

Is the need for oxygen therapy reasonably attributable to the participant's dust disease? Yes No

Oxygen Prescription

Home Supply System

Oxygen bottle with regulator
 @ 2 LPM 2.5 LPM 3 LPM 3.5 LPM 4 LPM
 4.5 LPM 5 LPM other _____

Oxygen bottle with conserving device
 @ 2 LPM 2.5 LPM 3 LPM 3.5 LPM 4 LPM
 4.5 LPM 5 LPM other _____

Home Concentrator
 @ 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

Email: DDAenquiries@icare.nsw.gov.au
 Fax: (02) 9279 1520

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.



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.