



# SWEP COVID OXYGEN PROGRAM REFERRAL



Please forward to SWEP at Email: [swep@bhs.org.au](mailto:swep@bhs.org.au) or Fax 5333 8111 at least 24 hours prior to discharge. COVID+ Oxygen Program enquiries call PH 5333 8100 Option 3

## 1 – Hospital Details

Discharging Hospital  Discharging Ward

Discharging Ward Phone#

Respiratory / Clinical Care Team Contact

Contact Email

Prescribing Physician  Planned Discharge Date

COVID+ (No PHU clearance)

COVID Cleared (Cleared by PHU but still requiring oxygen )

Reassessment arranged within 30 days to ensure appropriate referral to alternate funding service if oxygen is required post 30-day funded period.  Yes  No

## 2 – Patient and delivery details

Patient Name  Date of Birth

Address

Patient Phone

Delivery Contact Name  Delivery Contact Phone

Relationship to patient

Patient understands this equipment is funded for a 30 day period only  Yes  No

Oxygen equipment will be delivered to the patient's address unless otherwise specified below (*Note: No deliveries to Hospitals*)

## 3 – Prescription

The patient meets the COVID Clinical Indicators ( $\leq$ SpO2 93% room air) for provision of domiciliary oxygen  Yes  No

Prescription/Litres per minute  for  hours per day

Equipment to be supplied:

Oxygen Concentrator AND

4 x C size (470L) cylinders Pulsed Flow  Constant Flow

Cylinder bag  or Cylinder trolley

COVID+ Oxygen Referral