

Overnight Oximetry Testing

The first overnight test should be done without supplementary oxygen for the entire night. If for some reason the client is unable to tolerate an entire night without oxygen, please record the time the oxygen was applied; at least 4 hours of sleep with and without oxygen is required.

TESTER: Please ensure all sections of this form are completed and that client is *STABLE*.
Client to fill out: oximeter information and question #6.

1. Client's Name: _____

Client's PHN: _ _ _ _ _

2. Client's date of birth (Day/Month/Year) _____ Male Female

3. Prescriber's name (physician or nurse practitioner): _____

Prescriber's phone number: _____

Prescriber's fax number: _____

4. **Please check the appropriate box:**

Room air test **Date:** _____

CPAP or BiPAP applied (*If a client has a CPAP, this should always be applied for nocturnal oximetry*)

Time oximeter on (bedtime): _____

Time oximeter off (usually morning): _____

Supplementary oxygen test **Date:** _____

CPAP or BiPAP applied (*If a client has a CPAP, this should always be applied for nocturnal oximetry*)

Supplementary oxygen used at _____ LPM

Time oxygen applied: _____ PM

Time oximeter on (bedtime): _____

Time oximeter off (usually morning): _____

6. If you woke up during the nighthow often? About what time?

7. Tester's name and phone number: _____

Tester's oxygen number: _____

It is the responsibility of the health authority to pay for the cost of returning the overnight oximeter to the Lung Association of Saskatchewan, 1231 8th St E, Saskatoon SK S7H 0S5