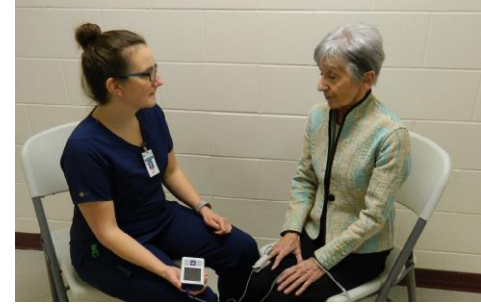


# SAIL Home Oxygen Tester's Newsletter

November 2018

Published by The Lung Association, Saskatchewan



## Next Home Oxygen Tester's Workshops (via Telehealth)

- Thursday, December 13, 10:00-12:00
- Thursday, March 7, time to be advised once available

Additional workshops will be [posted online](#) later this Fall.

## What is pulmonary fibrosis?

Pulmonary fibrosis (PF), also known as Interstitial Lung Disease, is a long-term disease where the lungs become fibrotic (scarred). The scarring causes the part of the lung where oxygen is moved to the blood (interstitial tissue) to become thick and stiff. PF is often referred to as a restrictive disease because it is hard to fully expand the lungs when taking a breath in.



*Pictured: Moe Martin, Double Lung Transplant Recipient*

If the reason or cause of the disease is unknown it is called idiopathic pulmonary fibrosis or IPF. IPF is the most common of the Interstitial Lung Diseases, affecting 14,000 to 15,000 Canadians every year. It is more common in males over the age of 50. There are many other possible causes of PF. Some of these include: radiation treatment, autoimmune diseases such as rheumatoid arthritis or scleroderma, certain medications, and occupational exposures like asbestos, bird dander, stone cutting, or hair products. Known risk factors for PF include smoking history, family history, and gastroesophageal reflux disease (GERD).

When the interstitium, (the part of the lung where gas exchange occurs) become scarred due to PF, it is difficult to get oxygen to the organs and body. Oxygen demands become greater with the worsening of pulmonary fibrosis, some people may need very high oxygen rates. This will need assessment on a regular basis to adjust flow rates to what the person needs. Patients with PF also desaturate rapidly and have really low SpO<sub>2</sub> levels, especially on exertion. This lack of oxygen can cause different signs and symptoms. These may include:

- more rapid onset of fatigue, especially with activity
- problems with memory and concentration
- sleep disorders
- edema of the legs
- cyanosis of the fingertips, earlobes, lips
- onset/aggravation of heart disease
- reduced quality of life

Patients are often scared, anxious or embarrassed about having to use oxygen. It is a huge learning curve followed by many changes and adaptations to everyday life, however, most people with PF feel the positive effects of oxygen quickly. Quality of life is increased when we reduce fatigue, reduce shortness of breath (in some people), and improve exercise tolerance and sleep quality.

This information was adapted from the Lung Association's [\*Idiopathic Pulmonary Fibrosis Handbook\*](#). Feel free to download to learn more, and share with any patients who are interested.

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**Questions about a client's funding status?**

**Need more SAIL Oxygen and Palliative Oxygen Forms?**

Call SAIL @ 1-888-787-8996

**Questions about oxygen testing, funding criteria, or troubleshooting?**

Call Jaimie Peters, RN, CRE @ 306-667-3012 or

Email [jaimie.peters@sk.lung.ca](mailto:jaimie.peters@sk.lung.ca)

## **Interview with Grenfell Home Oxygen Tester – Ginger Richter, RN, CRE**

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### **How long have you been working as a Registered Nurse and conducting home oxygen testing?**

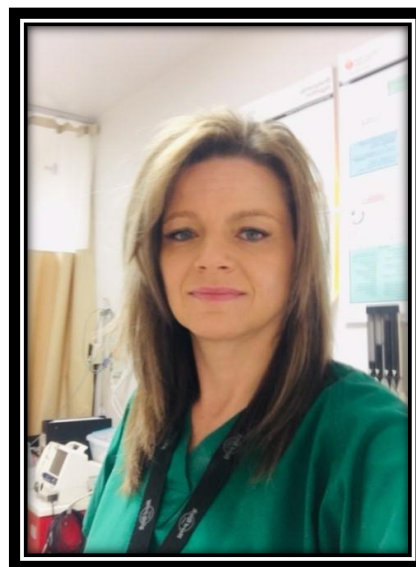
I've been a Registered Nurse for 24 years and have been conducting home oxygen testing for at least the last 10 years.

### **What is your favourite part about oxygen testing?**

Honestly, as oxygen testing can take half an hour or more, my favourite part is having the time to sit with the individual client, getting to know them better.

### **What is your biggest challenge?**

Hmm, I would have to say my biggest challenge is ensuring the testing is done to the exact specifications.

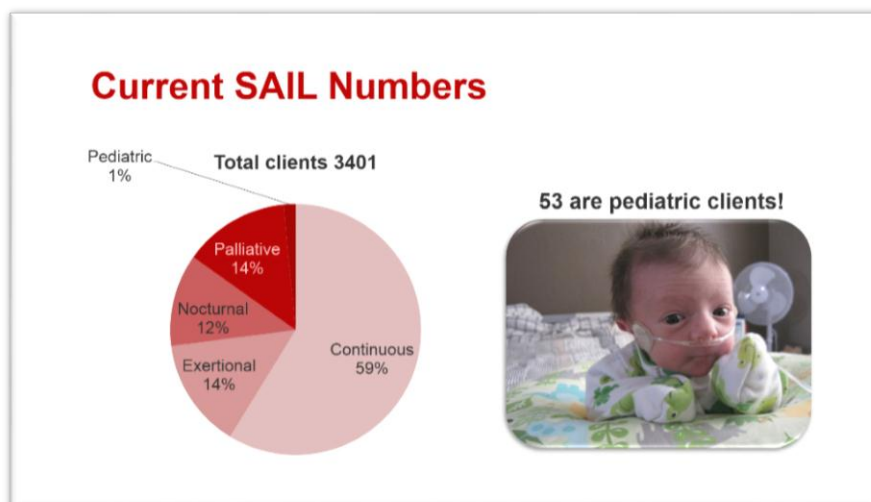


### **Tips for other oxygen testers?**

Call and ask questions if you're unsure about anything; call the Lung Association, SAIL, or the home oxygen company rep. There is always someone willing to take the time to help if you're experiencing any difficulties.

### **How does your Certified Respiratory Educator (CRE) designation assist you in home oxygen testing?**

They both complement each other. If I'm teaching COPD Pulmonary Rehab and someone has a question about home oxygen, I feel I can answer that question well. If I'm performing home oxygen testing and someone has a question about smoking cessation, COPD, or inhaler technique for example, there is a perfect teaching opportunity.



## **Rural Nocturnal Oximetry Updates**

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The Lung Association of Saskatchewan is contracted by the SAIL program to provide oximeters for nocturnal testing in rural areas. Organizing this testing can be time consuming: involving shipping, contacting the client, returning the machine, and in some cases, organizing oxygen for the second night of testing. The system works best if the oximeter is returned to The Lung Association promptly and within a week of the test.

Nocturnal oxygen funding is approved initially for up to one year. Generally, nocturnal oxygen does not require retesting unless requested by SAIL. SAIL determines how long initial funding will be approved for, based on diagnosis and results.

### **When should nocturnal testing be completed?**

There are three types of testing for SAIL home oxygen funding qualification: at rest (continuous), with exercise (exertional), and nocturnal testing. Physicians often order all three types of testing. This does not, however, mean that all three tests are necessary or can even be done safely. If your patient qualifies at rest for SAIL funding (SpO<sub>2</sub> <87% for two consecutive minutes) further testing with exercise or at night is not required and may even put your patient at risk.

As always, room air nocturnal testing is only done if the patient can tolerate the oxygen off for an extended period of time. Patients are also free to put their oxygen on during the test when they perceive that it is needed. They should record the time and the litre flow of the oxygen on the oximetry sheet that accompanies the oximeter.

If you have any questions or comments about testing procedures, please do not hesitate to contact Jaimie Peters at [jaimie.peters@sk.lung.ca](mailto:jaimie.peters@sk.lung.ca) or call 306-667-3012.

### **Reminder:**

Return shipping is paid by the Health Authority. If the Lung Association receives a bill for this, an invoice will be forwarded back to you.

# B R E A T H E

the lung association

## Lung Association News

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### 2018 Saskatchewan Thoracic Society Education Day

Saturday, November 24, 2018 - TCU Place, Saskatoon SK

The Saskatchewan Thoracic Society (STS) Education Day is an annual education conference for health care professionals with an interest in lung health. The STS is the health professional community section of the Lung Association, SK. This year, the Ferguson Lecture, established in honour of Dr. R. George Ferguson, will feature *Dr. Kerri Johannson, Respiriologist, University of Calgary, presenting on Chronic Hypersensitivity Pneumonitis.*



**REGISTER [HERE.](#)**

**Fees to attend are:** \$25 (STS members); \$60 (non-members); and \$15 (professional students).

### The 2018 Program Agenda includes:

- Lung Cancer Update - Dr. Anderson Tyan
- IPF/ILD Clinic & Support - Dr. Veronica Marcoux
- Palliative Care & ILD - Dr. Andrea Johnson
- Lung Association BREATHE Patient Ambassador & Transplant Recipient - Ms. Nicole Nelson
- Debate: Transplants Should be Offered to ALL IPF Patients: Pros and Cons - Dr. Julian Tam

### Lung Transplant Group Online Support

We invite anyone whose treatment plan has or will involve a lung transplant to join our private online [Lung Transplant Facebook Support Group](#). Caregivers and family members are also invited to join. Please let your patients know about this group.



*Pictured: Saskatchewan double lung transplant recipients*

The purpose of the group is to provide a forum where patients and caregivers can come together in a safe environment to network, share experiences and resources, and offer support to each other. The group is here to help patients and families navigate the many steps on the transplant journey - from pre-transplant assessment through to living well and leading a healthy life post-transplant.

## Testing Reminders:

- ALL oxygen testing requires an order from a physician or nurse practitioner.
- Continuous (resting) oxygen testing should be completed before any exertional testing.
- Both exertional and nocturnal testing requires the client to be STABLE. This is defined as a client who has not had a hospitalization for a cardiorespiratory event, or had an exacerbation, or change of treatment in the past 30 days.
- Exertional and nocturnal testing is NOT required if someone qualifies for continuous oxygen.

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***NAME, SIGNATURE, TESTER NUMBER, & DATE OF TEST  
must always be provided on ALL oxygen testing results.***

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## Home Oxygen Therapy Brochures

Home Oxygen Therapy in Saskatchewan informational brochures are available for your clients. These brochures provide an overview of the purpose of home oxygen and outlines SAIL's Home Oxygen Program details.

[Email](#) to have some sent to you or [download now](#).

## Home Oxygen Suppliers:

It is the clients decision to choose the oxygen company that will provide the best service and pricing for their needs. There are five oxygen suppliers in Saskatchewan.



## Home Oxygen Tester Handbook

Please make sure you have the most recent handbook downloaded and available for referencing. For ease, you can download it below. The back of the SAIL Home Oxygen and SAIL Palliative Home Oxygen Forms list all the criteria for funding as well.

### Important:

This handbook is a guide to assist you with oxygen testing. Check the [SAIL Home Oxygen Policy](#) and your local Policy and Procedure Manuals to ensure you are following protocol.

*It is the responsibility of the individual completing home oxygen testing to work within their scope of practice (as guided by their regulatory body or supervisor/management) and job responsibilities in their current work environment.*



[Download the Handbook](#)

