

SIMPLE STRESS TEST (6 minute walk)

Name _____ ID# _____ Date _____

COMPLAINT(S)/DIAGNOSIS/SYMPTOM(S)

- | | |
|--|---|
| <input type="checkbox"/> COPD Diagnosis
<input type="checkbox"/> Cyanosis
<input type="checkbox"/> Wheezing with activity
<input type="checkbox"/> Dyspnea at rest
<input type="checkbox"/> Dyspnea with exertion
<input type="checkbox"/> Monitor therapy efficacy | <input type="checkbox"/> Inability to perform daily activities due to dyspnea
<input type="checkbox"/> CHF with dyspnea
<input type="checkbox"/> Postural tripodding while at rest
<input type="checkbox"/> 94% lower oxygen saturation while at rest
<input type="checkbox"/> Patient request for portable oxygen
<input type="checkbox"/> Exercise-induced bronchospasm evaluation |
|--|---|

TIME (Actual)	PULSE	OXIMETRY	BLOOD PRESSURE	Respiration Exertional Dyspnea Rate 1-10 (10 being worst)
Baseline __ : __				
Stop #1 __ : __				
Stop #2 __ : __				
Time (Post)				

Lowest Oxygen Saturation during test: _____ %

Clinician/Technician Comments:

PLAN OF CARE

- | | |
|---|--|
| <input type="checkbox"/> Oximetry:
<input type="checkbox"/> Spot Check
<input type="checkbox"/> Multiple Determination
<input type="checkbox"/> Overnight (continuous)
<input type="checkbox"/> Home Oxygen Therapy:
<input type="checkbox"/> Continuous
<input type="checkbox"/> Nocturnally (HS)
<input type="checkbox"/> prn
<input type="checkbox"/> Oxygen delivered via _____ @ _____ LPM | <input type="checkbox"/> Nebulizer Therapy
<input type="checkbox"/> bid <input type="checkbox"/> tid <input type="checkbox"/> qid <input type="checkbox"/> q4h
<input type="checkbox"/> Medication(s)
<input type="checkbox"/> Sleep Study
<input type="checkbox"/> Chest X-ray
<input type="checkbox"/> AIRZONE™ Peak Flow Meter
<input type="checkbox"/> MINI-WRIGHT™ Peak Flow Meter
<input type="checkbox"/> MINI-WRIGHT AFS™ Peak Flow Meter
<input type="checkbox"/> Other _____ |
|---|--|

Physician Signature

Date