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AADL Walk Test Eligibility

Client's Name: _____

Client is eligible for this testing if:

1. Arterial blood gas results confirm that the client is not eligible for oxygen at rest;
2. Physician requisition attached ; and
3. The Application Form to Challenge AADL Walk Test for Clients with Severe Lung Disease is completed, signed and dated by the client's assessor.

If any of the above conditions are not met, do not proceed with the test as funding will not be provided by AADL.

Evaluation of AADL Walk Test

1. The AADL Respiratory Benefits Program makes the final decision on the client's eligibility for oxygen funding .
2. Typically clients may be eligible for exertional oxygen funding if they meet the following criteria :
 - ✓ Desaturate < 80% SpO₂ at any time during the test; or
 - Show distance walk increases 25% (at least 30m) on O₂ compared to air; or
 - Show dyspnea score decreases by 4 Borg points with O₂.However, individual clients may not qualify for exertional oxygen funding based on review and interpretation by the Medical Lead.
3. All walk test results must be faxed to ABC for interpretation. ABC will notify the testing site the funding decision outcome.
4. The testing site faxes ONLY the funding decision outcome to the ordering physician. Do **NOT** send the AADL Walk Test Data Report to the physician.

AADL Walk Test Data Report

Background:

Client's Name: (Last) _____, (First) _____

Personal Health Number: _____

Date of Walk Test: (yyyy/mm/dd) _____

Gender: Male Female

Measured Height: _____ (cm/in) Measured Weight: _____ (kg/lb) BMI: _____

Date of Birth: (yyyy/mm/dd) _____ Age: _____

Referring Doctor: General Practitioner Specialist

Is Client a smoker? Yes ___(pack/year) No, quit ___(pack/year) No, never

Recent Arterial Blood Gases (Room Air at Rest)

pH _____ PaCO₂ _____ PaO₂ _____ HCO₃ _____ Sat _____

Date: (yyyy/mm/dd) _____

Recent Room Air Oximetry Results (During Exercise) Source of

Walking Oximetry: Vendor Testing Site Other

Lowest Desaturation: SpO₂ (%) _____ (Attach hard copy)

Date: (yyyy/mm/dd) _____

ALL Current Medications

1. _____ 4. _____ 7. _____

2. _____ 5. _____ 8. _____

3. _____ 6. _____ 9. _____

Demographics

RRT Tester : (Last) _____ (First) _____

Assistant: (Last) _____ (First) _____

Test Region: (1 to 9) _____ Test Site: _____

Recent Hospitalization Record

Last hospitalization date: (yyyy/mm/dd) _____

Reason for hospitalization _____

Comments

Client's Name: _____

Date: _____

1. Initial Rest (6 mins)

Flow at 4 liters/min

Air or O₂ (circle)

| * Dyspnea Score=

| * SpO₂ (%)=

| * HR=

| *Resp Rate=

2. Practice Walk (6 mins):

4 liters/min

Air or O₂ (circle)

Time (min)	Dyspnea	SpO ₂ (%)	HR	Resp Rate	Comments
1					
2					
3					
4					
5					
6					

*Total distance travelled (meters) =

3. Rest on Test Gas (6 mins):

4 liters/min

Air or O₂ (circle)

| * Dyspnea Score=

| * SpO₂ (%)=

| * HR=

| *Resp Rate=

4. Walk on Test Gas (6 mins):

4 liters/min

Air or O₂ (circle)

Time (min)	Dyspnea	SpO ₂ (%)	HR	Resp Rate	Comments
1					
2					
3					
4					
5					
6					

*Total distance travelled (meters) =

5. Rest on Alternate Gas (6 mins):

4 liters/min

Air or O₂ (circle)

| * Dyspnea Score=

| * SpO₂ (%)=

| * HR=

| *Resp Rate=

6. Walk on Alternate Gas (6 mins):

4 liters/min

Air or O₂ (circle)

Time (min)	Dyspnea	SpO ₂ (%)	HR	Resp Rate	Comments
1					
2					
3					
4					
5					
6					

*Total distance travelled (meters)=

7. Rest on Alternate Gas (6 mins):

4 liters/min

Air or O₂ (circle)

| * Dyspnea Score=

| * SpO₂ (%)=

| * HR=

| *Resp Rate=

*Reading is taken at end of the 6th minute. Attach hard copy of oximetry from the walk test.

Summary of Results

Client's Name: _____

Test Outcome

1. Did the client desaturate to $SpO_2 < 80\%$? Yes No
2. Is this a complete walk test? Yes No)
If answer is no, skip questions 3 and 4.
3. a. Distance walked on air _____m
b. Distance walked on O_2 _____m
c. Distance difference _____m
d. Did the distance walked increase 25% (and at least 30m) on O_2 compared to air? Yes No
4. a. Dyspnea score after walk on air _____
b. Dyspnea score after walk on O_2 _____
c. Did the dyspnea score decrease by 4 Borg points with O_2 ? Yes No

Comments : _____

Discussion of Test with Client

1. Were the test results discussed with the client? Yes No
2. Did the client notice a difference in distance walked or dyspnea score on O_2 ? Yes No
3. Did the client understand the results of the walk test? Yes No
4. Did the client accept the results of the walk test? Yes No
5. Did the client find the test and discussion educational? Yes No

Comments: _____

Evaluation

1. During the test, did the client speculate about the identity of the test gases?
 Yes, go to Q2 No, go to Q3)
2. Were you able to turn the discussion immediately to another topic? Yes No
3. Are you confident that there was no suggestion, either verbal or non-verbal, about the identity of the test gases which could have been sensed by the client?
 Yes No
4. If the client failed to complete the test, what was the reason?

