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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% SpO<sub>2</sub> at any time during the test; or
  - Show distance walk increases 25% (at least 30m) on O<sub>2</sub> compared to air; or
  - Show dyspnea score decreases by 4 Borg points with O<sub>2</sub>.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 \_\_\_\_\_ PaCO<sub>2</sub> \_\_\_\_\_ PaO<sub>2</sub> \_\_\_\_\_ HCO<sub>3</sub> \_\_\_\_\_ Sat \_\_\_\_\_

Date: (yyyy/mm/dd) \_\_\_\_\_

### Recent Room Air Oximetry Results (During Exercise) Source of

Walking Oximetry:  Vendor  Testing Site  Other

Lowest Desaturation: SpO<sub>2</sub> (%) \_\_\_\_\_ (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

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Client's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**1. Initial Rest (6 mins)**

**Flow at 4 liters/min**

**Air or O<sub>2</sub> (circle)**

| \* Dyspnea Score=

| \* SpO<sub>2</sub> (%)=

| \* HR=

| \*Resp Rate=

**2. Practice Walk (6 mins):**

**4 liters/min**

**Air or O<sub>2</sub> (circle)**

Time (min)	Dyspnea	SpO <sub>2</sub> (%)	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 O<sub>2</sub> (circle)**

| \* Dyspnea Score=

| \* SpO<sub>2</sub> (%)=

| \* HR=

| \*Resp Rate=

**4. Walk on Test Gas (6 mins):**

**4 liters/min**

**Air or O<sub>2</sub> (circle)**

Time (min)	Dyspnea	SpO <sub>2</sub> (%)	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 O<sub>2</sub> (circle)**

| \* Dyspnea Score=

| \* SpO<sub>2</sub> (%)=

| \* HR=

| \*Resp Rate=

**6. Walk on Alternate Gas (6 mins):**

**4 liters/min**

**Air or O<sub>2</sub> (circle)**

Time (min)	Dyspnea	SpO <sub>2</sub> (%)	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 O<sub>2</sub> (circle)**

| \* Dyspnea Score=

| \* SpO<sub>2</sub> (%)=

| \* HR=

| \*Resp Rate=

\*Reading is taken at end of the 6<sup>th</sup> 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?  
\_\_\_\_\_  
\_\_\_\_\_