 **AADL Walk Test Interpretation Request**

**WT-INTERP**

The information on this form is being collected and used by Alberta Health pursuant to sections 20, 21, 22 and 27 of the *Health Information Act* and sections 33, 34, 39 and 40 of the *Freedom of Information and Protection of Privacy Act (FOIP)* for the purpose of providing and determining eligibility for health benefits under the *Alberta Aids to Daily Living and Extended Health Benefits Regulation.* If you have any questions about the collection of this information, you can contact Alberta Aids to Daily Living Program, 10th Floor, Milner Building, 10040 – 104 Street NW, Edmonton, Alberta T5J 0Z2 Telephone: 780-427-0731 Fax: 780-422-0968.

**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% Sp02 at any time during the test; or

 Show distance walk increases 25% (at least 30m) on 02 compared to air; or

 Show dyspnea score decreases by 4 Borg points with 02.

However, individual clients may not qualify for exertional oxygen funding based on review and interpretation by the Medical Lead.

1. All walk test results must be faxed to ABC for interpretation. ABC will notify the testing site the funding decision outcome.
2. 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.

### Background:

**AADL Walk Test Data Report**

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 Is Client a smoker?  Yes (pack/year)

 Specialist

 No, quit (\_pack/year)  No, never

### Recent Arterial Blood Gases (Room Air at Rest)

pH \_\_\_\_\_\_\_ PaC02 \_\_\_\_\_\_\_ PaO2 \_\_\_\_\_\_\_\_\_ HCO3 \_\_\_\_\_\_\_\_\_ Sat \_

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

**Recent Room Air Oximetry Results (During Exercise)** Source of Walking Oximetry:  Vendor  Testing Site Lowest Desaturation: SpO2 (%) (Attach hard copy)

Date: (yyyy/mm/dd) \_

 Other

### ALL Current Medications

1. 2.

4. 5.

3.

6.

7.

8.

9.

### Demographics

RRT Tester : (Last) \_ Assistant: (Last)

(First) \_ (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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Initial Rest (6 mins) Flow at 4 liters/min Air or 02 (circle)

I \* Dyspnea Score= I \* Sp02 (%)= I \* HR= I \*Resp Rate=

## Practice Walk (6 mins): 4 liters/min Air or 02 (circle)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Time (min) | Dyspnea | Sp02 (%) | HR | Resp Rate Rate | Comments |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |  |
| \*Total distance travelled (meters) = | | | | | |

1. **Rest on Test Gas (6 mins): 4 liters/min Air or** 02 (circle)

I\* Dyspnea Score= I \* Sp02 (%)= I \* HR= I \*Resp Rate=

## Walk on Test Gas (6 mins): 4 liters/min Air or 02 (circle)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Time (min) | Dyspnea | Sp02 (%) | HR | Resp Rate | Comments |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |  |
| \*Total distance travelled (meters) = | | | | | |

1. **Rest on Alternate Gas (6 mins): 4 liters/min Air or** 02 (circle)

I \* Dyspnea Score= I \* Sp02 (%)= I \* HR= I \*Resp Rate=

## Walk on Alternate Gas (6 mins): 4 liters/min Air or 02 (circle)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Time (min) | Dyspnea | Sp02 (%) | HR | Resp Rate | Comments |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |  |
| \*Total distance travelled (meters)= | | | | | |

1. **Rest on Alternate Gas (6 mins): 4 liters/min Air or** 02 (circle)

I \* Dyspnea Score= I \* Sp02 (%)= I\* HR= I \*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 Sp02 < 80%?
2. Is this a complete walk test?

If answer is no, skip questions 3 and 4.

( Yes *I* No )

( Yes *I* No )

1. a. Distance walked on air \_\_\_\_\_\_m
   1. Distance walked on 02 \_\_\_\_\_\_m
   2. Distance difference \_\_\_\_\_\_m
   3. Did the distance walked increase 25% (and at least 30m) on 02 compared to air?

( Yes *I* No )

1. a. Dyspnea score after walk on air
   1. Dyspnea score after walk on 02
   2. Did the dyspnea score decrease by 4 Borg points with 02? ( Yes *I* No )

Comments : ---------------------------

### Discussion of Test with Client

1. Were the test results discussed with the client? ( Yes *I* No )
2. Did the client notice a difference in distance walked or dyspnea score on 02?

( Yes *I* No *I* NA )

1. Did the client understand the results of the walk test? ( Yes *I* No ) 4. Did the client accept the results of the walk test? ( Yes *I* No )

5. Did the client find the test and discussion educational? Yes *I* No

**Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Evaluation

1. During the test, did the client speculate about the identity of the test gases?

( Yes, go to Q2 *I* No, go to Q3)

1. Were you able to turn the discussion immediately to another topic?

( Yes *I* No )

1. 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 *I* No )

1. If the client failed to complete the test, what was the reason?