

# Regional Health Authority Request for End Stage Palliative Oxygen Benefits

Saskatchewan Aids to Independent Living  
3475 Albert Street  
Regina, SK S4S 6X6  
Phone: 1-888-787-7121 or 1-888-787-8996  
Fax: 306-787-8679

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

## Patient Identification

Name: \_\_\_\_\_ Health Services Number: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address or P.O. Box: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## End Stage Palliative Designation

I certify that this client has been assessed, by Regional Health Authority staff, as meeting the criteria for end stage palliative care, as defined in the Saskatchewan Health policy entitled "Policy Direction Regarding Supplies and Charges Related to Palliative Care" (criteria on the reverse of this form) and is eligible to receive the range of benefits described in that policy.

Signature of Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_ RHA Name: \_\_\_\_\_  
Name of Case Manager (Please Print): \_\_\_\_\_ Telephone: \_\_\_\_\_

## Prescription

Flow Required: _____ lpm By Nasal Cannulae <input type="checkbox"/> Other: _____ Use: Continuous <input type="checkbox"/> Other: _____	Saskatchewan Health will fund the following equipment for continuous oxygen therapy: <ul style="list-style-type: none"><li>• Oxygen concentrator; and</li><li>• 10 small cylinders per month (maximum).</li></ul>
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## Prescriber – Physician or Nurse Practitioner

Name: \_\_\_\_\_ Prescriber's Signature: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address or P.O. Box: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Follow-up Prescriber (if the renewal should be sent to another prescriber, please specify below).

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street Address or P.O. Box: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Patient's Supplier Selection

Please mark your choice of oxygen supplier below and sign where indicated. It is recommended that you contact more than one supplier before making your selection. Your supplier will require a copy of this requisition and your signature in order to seek payment from Saskatchewan Health.

Careica Health ☐ Medigas ☐ Prairie Oxygen Ltd. ☐  
A Praxair Company

Patient's Signature: \_\_\_\_\_

## End Stage Palliative Oxygen Criteria

**The following parameters shall be used to help determine whether a terminally ill individual is in the end stage of the palliative process:**

1. The time frame for the end stage may be measured in terms of days or weeks of active dying. Time frames are difficult to determine, however, and in some cases, this end stage may be longer than a few weeks or as short as a couple of days.
2. There are typically day-to-day changes with deterioration proceeding at a dramatic pace. There is usually a sudden drop in the Palliative Performance Rating according to the Palliative Performance Scale developed by the Victoria Hospice Society and the Capital Regional District Home Nursing Care in British Columbia.
3. The end stage may be characterized by increasing intensity of need: increased assistance required for physical or psychological need, family exhaustion, usually a requirement for social work, pastoral care and therapies.
4. There is documented clinical progression of disease which may include a combination of symptoms such as dyspnea, crescendo pain, profound weakness, being essentially bed bound, increased nausea or drowsy for extended periods.
5. The terminally ill individual is assessed a Palliative Performance Rating of 30% according to the Palliative Performance Scale developed by the Victoria Hospice Society and the Capital Regional District Home Nursing Care in British Columbia.