



## Appendix C: BC Home Oxygen Program Medical Eligibility

Medical eligibility criteria may vary between health authorities. Refer to health authorities for more details on local criteria and application forms. All Home Oxygen Program applicants are expected to seek and be compliant with optimal medical or adjunctive treatment and not be actively smoking prior to use of oxygen therapy.

CRITERIA		NOTES
1. RESTING OXYGEN	PaO <sub>2</sub> ≤ 55mmHg on room air	Client must be breathing room air and seated at rest for at least 10 minutes <b>prior</b> to taking an arterial blood gas sample or beginning to monitor oximetry.
	OR	
	SpO <sub>2</sub> < 88% sustained continuously for 6 minutes <sup>1</sup>	
	OR	
	PaO <sub>2</sub> ≤ 60 mmHg <b>AND</b> Evidence <sup>2</sup> of one of the following co-morbid diseases: i. Heart failure ii. Pulmonary hypertension <sup>3</sup>	
2. AMBULATORY OXYGEN	<b>Short-term ambulatory oxygen therapy criteria<sup>4</sup></b> SpO <sub>2</sub> < 88% sustained continuously for one minute during the patient's usual type of ambulation on a level surface.	If the client is unable to walk one minute or more, ambulatory oxygen will not be useful and will not be funded. Ambulatory testing is to be performed on a flat surface only; no exercise equipment (e.g., treadmills) is permitted. Clients should be tested with their usual mobility devices (e.g., walkers, canes, etc.)
	<b>Long-Term ambulatory oxygen therapy criteria</b> (outpatient portable oxygen applications): SpO <sub>2</sub> < 88% sustained continuously for a minimum of one minute while breathing room air and a measured improvement within a 6-minute walk test as tolerated on oxygen compared to room air showing 1) the distance traveled increases by at least 25% AND 2) at least 30 meters (100 feet).	
	OR SpO <sub>2</sub> < 80% with ambulation for a minimum of one minute.	
3. NOCTURNAL OXYGEN	<b>SpO<sub>2</sub> must be &lt; 88% for &gt; 30% of a minimum 4-hour nocturnal oximetry study while breathing room air.</b> In the absence of co-morbidities (heart failure, pulmonary hypertension), <sup>3</sup> daytime desaturation must be present at rest or with ambulation according to sections 1 or 2 for nocturnal oxygen therapy to be funded.	Sleep disordered breathing (i.e., sleep apnea) will only be treated with supplemental oxygen if the nocturnal criteria are met despite optimal CPAP treatment.
4. PALLIATIVE	Palliative clients must have hypoxemia according to sections 1, 2, or 3 above to be funded.	

### Notes

1. Island Health and Vancouver Coastal Health indicate that this criterion is only accepted in exceptional circumstances.
2. Information to support the co-morbid diseases is required (e.g., consultation note, discharge summary, spirometry, etc.).
3. Vancouver Coastal Health also accepts evidence of polycythemia or cor pulmonale.