

## INPATIENT OXIMETRY REQUEST

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

### PATIENT DETAILS

*Place Patient Label Here*

**Reason for Test:**      Clinical diagnosis of OSA                       Other Reason: \_\_\_\_\_

**Medical History/ Clinical Information:**

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### Oximeter Settings

**Machine:** \_\_\_\_\_

**Averaging time:**     2-4 sec                                       8 sec                                       Other: \_\_\_\_\_

**Low SpO2 alarm:**    \_\_\_\_\_                                      **High SpO2 alarm:**     Off (Default)     Other: \_\_\_\_\_

**Low HR alarm:**        \_\_\_\_\_                                      **High HR alarm:**        \_\_\_\_\_

### Heart Rate (HR) Normative Data

	Age group				
	Infant	Toddler (2yrs)	Pre-school	School age (7yrs)	Adolescent (15yrs)
<b>HR (asleep; bpm)</b>	80-160	70-120	60-90	60-90	50-90

Replica from Southern Health Paediatric Observation Chart May 2006

**Requesting Consultant:** \_\_\_\_\_ **Signature** \_\_\_\_\_

**MCSC Staff Setting up oximeter:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

***Please fax oximetry request form to 8572 3878***