Alberta Government

Prescription and Request for BPAP Funding for Adults with Neuromuscular, Musculoskeletal or Spinal Cord Conditions

B-NMS

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Please read the instructions on page 3 prior to completing this form.

Please indicate if the form is for Clients (age 18 or older) who request ventilator support for respiratory insufficiency caused by

☐ Rapidly progressive neuromuscular conditions, or

☐ Stable or slowly progressive neuromuscular, musculoskeletal or spinal cord conditions

Date submitted *(yyyy-mm-dd)*_____

☐ Urgent for the following reason(s)

☐ Client requires BPAP for hospital discharge or to prevent hospital (re)admission.

☐ Client starts on BPAP and oxygen at the same time.

☐ Other (specify) _____

1. Client's Name (Last, First) _____

   PHN _____ Date of Birth *(yyyy-mm-dd)*_____ - _____ - _____

   Address _____

   City _____ Postal Code _____ Telephone Number _____

2. Respiratory Assessor (Last, First Name)

   Designation ☐ RRT ☐ Other _____ Facility Name _____

   Phone _____ Fax _____

3. If Client is in the hospital, provide hospital name and unit _____

   Tentative discharge date *(yyyy-mm-dd)*_____

4. Current Diagnosis

If Client has a rapidly progressive neuromuscular condition, go to Step 5. For other conditions, go to Step 6.

5. Clients who request BPAP for respiratory insufficiency caused by rapidly progressive neuromuscular conditions must meet one of the following

a) ABG at rest with $PaCO_2 \geq 45$ (attach copy)	☐ Yes	☐ No	b) PFT with FVC $\leq$ 50% predicted (attach copy)	☐ Yes	☐ No
c) Sniff nasal pressure< 40 cmH20	☐ Yes	☐ No	d) PI max< 40 cmH20	☐ Yes	☐ No
e) Persistent Orthopnea	☐ Yes	☐ No	f) PSG with an increase of TcC02 $\geq$ 10 mmHg (attach histogram, summary and interpretation)	☐ Yes	☐ No

Client's Name (Last, First)

6. Clients who request BPAP for respiratory insufficiency caused by stable or slowly progressive neuromuscular, musculoskeletal or spinal cord conditions must meet one of the following while in a stable state:

a) ABG at rest with PaC02 ≥ 45 (attach copy) ☐ Yes ☐ No

b) Orthopnea with a drop in VC of 20% in supine position versus sitting upright (attach copy) ☐ Yes ☐ No

c) PSG with an increase of TcC02 ≥ 10 mmHg ☐ Yes ☐ No (attach histogram, summary and interpretation)

7. Prescribed BPAP Settings:

Mode ☐ S ☐ S/T ☐ PC ☐ AVAPS

IPAP min ____ IPAP max ____ EPAP ____ Rise ____ Rate ____ Ti ____ Vt ____ Ramp ____ O_2 ____

Other

8. Preferred BPAP Specialty Supplier _____

9. Does client require oxygen with the BPAP? ☐ Yes ☐ No

If yes, the oxygen Specialty Supplier will be the same as the BPAP Specialty Supplier wherever possible.

10. Prescribing Physician Name (Last, First) _____

Phone _____ Fax _____

Date *(yyyy-mm-dd)* _____ Signature _____

This form must be signed by a certified pulmonologist.

11. Comments

How to Complete the Prescription and Request Form for BPAP Funding for Adults with Neuromuscular, Musculoskeletal or Spinal Cord Conditions

This form is for Clients (age 18 or older) who request ventilatory support for respiratory insufficiency caused by rapidly progressive neuromuscular conditions or stable/slowly progressive neuromuscular, musculoskeletal or spinal cord conditions.

1. Provide Client's name, personal health number and date of birth as they appear on their Alberta Personal Health Card. Provide Client's address, including postal code and the contact number.

2. Provide the name, designation, facility and the contact information of the Respiratory Assessor who completes the request form. The Respiratory Assessor must ensure the information provided to be true and correct.

3. If Client is in the hospital, provide the name of the hospital, the station or unit number and Client's tentative discharge date.

4. Provide current diagnosis:

   Client with rapidly progressive neuromuscular conditions must have one of the following diagnoses:
   a) Amyotrophic Lateral Sclerosis
   b) Primary Lateral Sclerosis
   c) Progressive Muscular Atrophy
   d) Pseudobulbar Palsy
   e) Progressive Bulbar Palsy

   Client with stable/slowly progressive neuromuscular, musculoskeletal or spinal cord conditions must have one of the following:
   a) Stable or slowly progressive neuromuscular disorders, e.g. Post Polio Syndrome.
   b) Primary disorders of respiratory muscles, e.g. Muscular Dystrophy.
   c) Chest wall deformities leading to restrictive disorders of the lung, e.g., Kyphoscoliosis.
   d) Traumatic spinal injuries, e.g. Quadriplegia.

5. Client with rapidly progressive neuromuscular conditions must meet one of the following requirements:
   a) ABG obtained at rest with $PaC0_2$ greater than or equal to 45 (attach copy).
   b) Pulmonary function test showing Forced Vital Capacity (FVC) less than or equal to 50% predicted (attach copy with interpretation).
   c) Sniff nasal pressure less than 40 cmH_20.
   d) PI max less than 40 cmH_20.
   e) Persistent Orthopnea.
   f) PSG showing nocturnal hypoventilation with an increase of $TcC0_2$ at least 10 mmHg (attach histogram, summary and interpretation).

6. Client with stable or slowly progressive neuromuscular, musculoskeletal or spinal cord conditions must meet one of the following requirements obtained while in a stable state (recovered to baseline from any acute illness):
   a) ABG obtained at rest with $PaC0_2$ greater than or equal to 45 (attach copy).
   b) Orthopnea with a drop in Vital Capacity (VC) of at least 20% in supine versus sitting upright (attach copy).
   c) PSG showing nocturnal hypoventilation with an increase of $TcC0_2$ at least 10 mmHg (attach histogram, summary and interpretation).

7. Provide the data of the BPAP mode and settings on this request.

8. Provide preferred BPAP Specialty Supplier. It shall be based on Client's needs and Client's current relationship with the Specialty Supplier.

9. If oxygen is approved with the BPAP, the oxygen Specialty Supplier will be the same as the BPAP Specialty Supplier whenever possible.

10. Provide the name, phone number, fax number and signature of the prescribing physician. It must be signed by a certified pulmonologist. No separate BPAP prescription is required.

11. Provide comments if any.