



Patient Wellness Report

A RANA Quality of Life Initiative

Home Oxygen

To:

Date: ___ / ___ / ___
DD MM YYYY

Fax:

From:

of Pages:

Phone: 1 (855) 672-6262 Fax:

Email:

RE: Patient Wellness Report for

I recently visited your patient to perform a respiratory assessment. The detailed assessment is enclosed.

Recommendations/Follow-up *(requests enclosed)*

- Please provide an updated Rx
- Please provide authorization for further testing
- No action required
-



Current Flow



Patient Oxygen Concentrator Utilization since RANA's last visit to the home on

___ / ___ / ___
DD MM YYYY

(does not include hospital stays, travel or mobility usage)

The RANA Respiratory Care Plan in Action

My visit with your patient included a review of these safety reminders and self management strategies:

Safety

- Equipment Operation/Safe Use and Handling
- Infection Control/Respiratory Etiquette
- Use of Back-up Oxygen Supply
- Falls Prevention
- Oxygen Therapy, Prescription, Appropriate Use
- Risk Awareness: Smoking while using Oxygen

Education

- Pathophysiology of Disease
- Inhaler Device Technique
- COPD Action Plan/Living with COPD
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Supports Available

- Pulmonary Rehabilitation
- Tobacco Cessation
- Certified Respiratory Educator
- Socialization
- Funding Agency
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Comments

Sincerely,

