

**Important information before completing an annual oxygen review.**

- An annual review is required to determine ongoing eligibility and ensure the current prescription meets the clinical needs of your patient.
- You must be a SWEP registered practitioner, eligible to prescribe changes to oxygen equipment if your patient oxygen package or prescription needs to change.
- A GP can complete this review only if there are no changes to your patient's oxygen package or prescription.
- SWEP incurs a monthly fee for the hire of prescribed oxygen equipment, regardless of whether it is actively being used by the patient.
- For a patient to be eligible for subsidised oxygen through the Domiciliary Oxygen Program, clinical test results must meet the Thoracic Society of Australia and New Zealand's (TSANZ) guidelines for domiciliary oxygen provision.
- For more information about adult eligibility see the [TSANZ's Clinical practice guidelines on domiciliary oxygen therapy](#)
- For more information about child eligibility see the [TSANZ's position paper on Respiratory management of infants with chronic lung disease](#)
- Please ensure all sections are completed and return the form to:  
[swepoxy@gh.org.au](mailto:swepoxy@gh.org.au) OR Domiciliary Oxygen Program, SWEP, PO Box 1993, Bakery Hill Victoria 3354

**For more information** refer to our website <https://swep.bhs.org.au> or call us on 1300 747 937

**Registering oxygen equipment with patients' electricity provider**

If applicable, as part of the patient's care plan, please ensure they have contacted their electricity provider and registered details of their life support medical device. This should ensure the patient receives adequate support during power outages.

Additionally, the rebate form through DFFH Services can be completed to assist with the cost of living.  
<https://services.dffh.vic.gov.au/life-support-concession>

25 August 2025

Review Date:

**1 – Patient Details**

Name:	Consumer ID:
Address:	
Date of Birth:	
Phone:	
Email:	

Contact person:	Phone:
Relationship to patient:	Email:

**2 – Eligibility Assessment**

Is the patient on a Home Care Package (HCP)/ Support at Home? ☐ Yes ☐ No

If yes, patient ineligible for SWEP funding- Please complete the HCP/ Support at Home details below and contact the HCP/ Support at Home provider regarding funding.

HCP/ Support at Home provider:

Contact Person / Case Manager:

Phone:  Email:

Is the patient residing in residential aged care? ☐ Yes ☐ No

If yes, the patient is ineligible for SWEP funding- Please complete the details below and contact the Aged Care Facility regarding funding.

Aged Care Facility Name:

Contact Person:

Phone:  Email:

Is the consumer currently smoking, using e-cigarettes, or vaping?

☐ Yes ☐ No

**Please note: If the patient is found to be smoking, using e-cigarettes, or vaping, oxygen funding will be immediately ceased and equipment withdrawn, regardless of their medical condition. Reinstatement of funding will require written confirmation from a practitioner that the patient has abstained from all forms of smoking, including tobacco, e-cigarettes, and vaping, for a minimum of four weeks. Any further testing or assessment will be at the discretion of the practitioner.**

### 3 – Prescription Details

Your patient's current prescription is:

Is a change to prescription required?

☐ **No** change required - please complete section 4 (and 5 if validation is required).

☐ **Yes** change is required - please complete **all** relevant sections below and ensure that you:

1. **Include all the current equipment** the patient is using
2. **Specify any additional equipment** required for the new prescription

**Concentrator** Flow Rate (Rest)  lpm Flow Rate (Nocturnal)  lpm

☐ 24 hours/day (continuous) ☐ ≥ 16 hours/day ☐ Nocturnal

**Portable Cylinder/s** No. of cylinders  Flow rate (on exertion)  lpm

**Portable Concentrator** Pulse flow ☐ Continuous & Pulse flow ☐ Setting

#### Additional Information

### 4 - Prescribing Practitioner Details

Practitioner ID  Name  Signature

Organisation

Best Contact: Phone  Fax  Email

**Please note: If you are a GP and you wish to make a change to the prescription, the SWEP registered treating specialist (Respiratory Physician, Cardiologist, or Oncologist) must validate the change in Section 5\***

### 5 – Validating Practitioner Details (if required)

**Refer to SWEP Domiciliary Oxygen Practitioner Registration and Credentialing Framework**

SWEP Number  Name  Signature

## 6 – Review Assessment/s Undertaken (if required)

This section only needs to be completed when your patient requires a change to the type of oxygen equipment they currently have. For example, if your patient currently has oxygen cylinders only and now requires a stationary concentrator you will be required to complete relevant sections below to demonstrate eligibility in line with the TSANZ Guidelines.

### Arterial Blood Gases

Date							
	Flow Rate	pH	PaCO <sub>2</sub>	PO <sub>2</sub>	SaO <sub>2</sub>	COHb	Hb
Air							
Intranasal O <sub>2</sub>							
Intranasal O <sub>2</sub>							

### Exercise Testing- six-minute walk test on room air

Date							
							Distance Walked
Air	Rest	1min	2min	3min	4min	5min	6min
Pulse							
% Saturation							

### Exercise Testing- six-minute walk test on oxygen

Cylinder(s) set at  liters per minute

POC set at setting

Date							
							Distance Walked
	Rest	1min	2min	3min	4min	5min	6min
Pulse							
% Saturation							

### Echocardiogram

Date  RSVp (mmHg)  PASP (mmHg)

### Sleep Study

Date  Percentage of sleep time SpO<sub>2</sub> ≤ 88%