

Community Remote Patient Monitoring Program Referral

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Community Remote Patient Monitoring Program Referral

Fax Referral To: 855-928-5284

Intake Number: 289-208-9619

Please indicate whether patient should be monitored using default range or patient specific range for each vital sign below:

Use Default Set:	Blood Pressure	Use Patient Specific Set:	Blood Pressure
	Oxygen Saturation	(indicate values below)	Oxygen Saturation
	Heart Rate		Heart Rate

Vital Sign	Default		Patient Specific (indicate range where applicable)	
	Min	Max	Min	Max
Blood Pressure				
SBP mmHg	90	160		
DBP mmHg	45	110		
Heart Rate (bpm)	60	110		
Oxygen Saturation (%)	≥95%	N/A		

Does the patient have a pacemaker: No Yes (enter lower limit for bpm): _____ bpm

Diabetes Monitoring

Would the patient benefit from Diabetes Monitoring (in addition to CHF/COPD Monitoring)? No Yes

Does the patient use insulin? No Yes (indicate type below)

Insulin Type:

Apidra ® (Insulin Glulisine)
Humalog ® (Insulin lispro)
NovoRapid ® (Insulin Aspart, Humulin R, Novolin GE)

Please indicate whether the patient should be monitored using default range or patient specific range:

Use Default to Adjust Blood Glucose Threshold values

Use Specific to Adjust Blood Glucose Threshold values

	Default		Patient Specific (indicate range where applicable)	
	Min	Max	Min	Max
Sliding Scale (mmol/L)	10.1-12 → 2 units	12.1-14 → 4 units		
Fasting (mmol/L)				
Severe hypoglycemia	0	3.0		
Mild hypoglycemia	3.1	3.9		
Normal	4	7		
Mild hyperglycemia	7.1	20		
Severe hyperglycemia	20.1	X		
Prandial (mmol/L)				
Severe hypoglycemia	0	2.7		
Mild hypoglycemia	2.8	3.9		
Normal	4	10		
Mild hyperglycemia	10.1	20		
Severe hyperglycemia	20.1	X		

How often should blood glucose be checked?

Once in morning
Three times a day
Four times a day
Once a day at bed time

Does the patient have access to fast-acting carbohydrate for hypoglycemia? No Yes

Please attach Best Medication List and any relevant supporting documentation as applicable.