PULMONARY AND CRITICAL CARE MEDICINE FELLOWSHIP PROGRAM
FELLOW HOME MEDICAL EQUIPMENT CPAP AND HOME OXYGEN POLICY

Policy: Fellow is responsible for prescribing home medical equipment for patients who need it.

Procedure: If a patient requires home medical equipment (HME) such as long-term oxygen therapy, continuous or bi-level positive airway pressure or home ventilation, the fellow is required to do the following:

1) Discuss in detail, the required therapy with the patient, either in person or by phone and obtain the name of the preferred HME company. If the patient has no preference the fellow should ask if it is permissible for Nebraska Medicine to pick one for the patient.

2) The fellow must complete an order/prescription form for the required therapy to be faxed to the HME company.

3) The fellow must give the order form to the appropriate health care associate (clinic nurse, pulmonary physician assistant or respiratory care practitioner) to fax to the HME company.

4) The fellow will dictate or type a note for the permanent electronic record outlining their discussion with the patient, the required HME and its settings and the HME company that will be providing the therapy.

5) The supervising faculty for that fellow will be responsible for signing the orders for the HME.