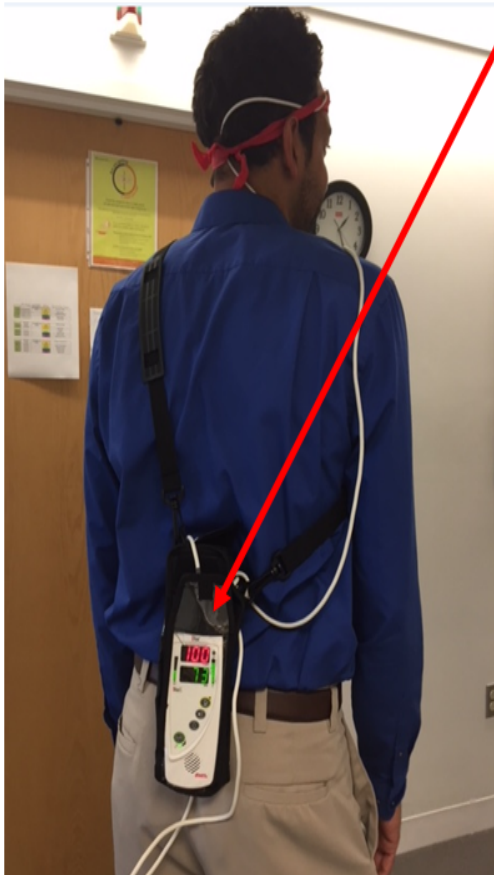


MOP Chapter 39: PVDOMICS Six Minute Walk (6MWT) Addendum

Summary Sheet for Recent Changes to MOP Chapter 39 and Form 133-6MWT

1. Check if participant avoided rigorous exercise for 2 hours. Non-invasive CPET should be done afterwards if scheduled for the same day. If yes to exercise, try to reschedule the test.
2. Ensure that participant is not wheelchair bound, no medical conditions restricts walking, and is safe to perform 6MW.
3. Is the participant using 4 liters or more of oxygen at rest? If so, ask supervising provider if the participant is safe to do a room air saturation. If not, then mark under Q4 on Form 133 PI feels performing 6MWT would jeopardize safety and do not perform 6MWT.
4. Start 10 minute rest period (if using oxygen, remove oxygen after 5 minutes-need oxygen off for 5 minutes to do room air saturation).
5. Check blood pressure, Borg dyspnea score and check room air saturation after ten minutes of rest. Identify type of oximeter probe used: forehead [is preferred], finger, ear or forehead). If any circulatory disorders (i.e. scleroderma) a forehead or ear probe must be used.
6. Pre-test oxygen saturation: Performed during 10 min pre-test rest period
 - a. If oxygen saturation on room air or home O2 flow is 88% or less at rest, then add additional supplemental O2 to achieve a resting O2 saturation of 92% or greater (unless participant has congenital heart disease), then proceed with 6MWT as per MOP Chap 39.
 - b. If room air oxygen saturation is 89% or greater at rest, then perform 6MWT on room air or home O2 flow rate as prescribed, or O2 flow level as administered on prior 6MWT.
 - c. If unable to achieve a resting O2 saturation of 89% or greater with supplemental oxygen contact physician provider for approval to perform 6MWT safely.
 - d. After making change in O2 administration wait for a minimum of 2 minutes after change to ensure O2 saturation is stabilized.
7. Record baseline Pre-test SpO2 Q12 on Form 133 (completed only if participant is using oxygen for the 6MWT).
8. If using oxygen, convert participant to an E cylinder that can be pushed or pulled using a rollator.
9. **Use continuous pulse oximetry for all 6 MWT.** Use study-provided Masimo pulse oximeter, lanyard and forehead probe (preferred). Participant should not see the pulse ox readings. The person administering the 6MWT should be able to see the readings easily. Refer to MOP Chapter 39 for placement. Try not to use an ear probe, if possible due to greater chance of motion, however, persons with circulatory issues may need to have the ear probe used.
10. Proceed with the test as per MOP Chapter 39. If the participant has chest pain, intolerable dyspnea, leg cramps, diaphoresis, is ashen, near syncope, syncope, falls or oxygen saturation drops to 80% or below, **STOP THE WALK IMMEDIATELY**. The supervising physician should be notified and emergency care provided as directed. Record the reason for test termination on Q22 on Form 133.

Correct Placement of Masimo Oximeter and Strap (lanyard)



Positioning of the Masimo forehead probe and lanyard

1. The lanyard should be placed across the patients body with the oximeter readout on the back of the patient which will remove it from their view
2. The cord coming from the oximeter to patients forehead should be clipped to the patients shirt/blouse (as shown Pic. 2) to avoid the cord from dragging or becoming a tripping hazard.
3. The cord should run behind the patients ear and should be positioned between the hairline and the eyebrow (may have to slightly move to improve signal strength).

