



DOME HOME CARE

Dependable Oxygen & Medical Equipment

Suction Pump Order Checklist

Please provide the following documentation when ordering a suction unit:

- + Patient demographic information
- + Face-to-face chart notes documenting inability to clear secretions safely (e.g., tracheostomy, neuromuscular disease, ALS, stroke with dysphagia, ventilator dependence)
- + Frequency of suctioning needed (e.g., several times per day)
- + Caregiver trained or training arranged for safe suctioning at home
- + Suction Standard Written Order (SWO) required elements:
 - + Patient name
 - + Order date
 - + Suction unit ordered (stationary / portable) plus concurrent supplies
 - + Catheter size (Fr), canisters, tubing, sterile water
 - + Quantity to be dispensed
 - + Treating practitioner name or NPI & signature
 - + SWO date must be on or prior to delivery date and on file prior to billing

Disclaimer: Although every reasonable effort is made to present current and accurate information, Dome Home Care makes no guarantees of any kind and cannot be held liable for any outdated or incorrect information.

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