



Pulmonary Disease Navigators

Implementing treatment and protocols for COPD and asthma

This program is designed for any adult COPD and asthma patients.

Pulmonary Disease Navigators will:

- › Evaluate and educate patients about pulmonary disease
- › Provide respiratory medication optimization including teaching adherence and techniques for use
- › Educate on oxygen usage
- › Instruct on pulmonary hygiene



How to refer to a Pulmonary Disease Navigator (PDN): iCentra:

- 1) Search “High-Risk Pulmonary”; choose “High-Risk Pulmonary Disease Evaluate and Treat (Outpatient)”
- 2) Click “initiate now”
- 3) Choose High Risk Indication - COPD or Asthma
- 4) Select location
- 5) Protocol duration default to 60 days
- 6) Keep default (yes) for future visit



FAX:

For affiliated providers (without access to iCentra) please FAX order to the appropriate location (see FAX numbers to the right)

Our Locations

McKay Dee Hospital

4401 Harrison Blvd.
Suite 3001
Ogden, Ut 84403
P: 801-648-2362 | F: 801-387-3073

LDS Hospital

324 10th Avenue
Salt Lake City, Ut 84143
Bldg. 3
P: 801-408-5415 | F: 801-408-2916

Intermountain Medical Center

5121 S. Cottonwood St.
Murray, Ut 84107
Bldg. 4, Downstairs, LL1
P: 801-507-4087 | F: 801-507-4803

Utah Valley Hospital

395 W. Cougar Blvd.
Provo, Ut 84604
Bldg. 4, 4th Floor
P: 801-357-8165 | F: 801-357-8127

St. George Regional Hospital

1380 E. Medical Drive
Bldg. 3 or 4 Suite 3500
St. George, Ut 84790
P: 435-251-1651 | F: 435-251-1652





AFFILIATE RESPIRATORY OUTPATIENT CLINIC (ROC)

Facility: Intermountain Medical Center LDS Hospital McKay-Dee Hospital
 Utah Valley Hospital St. George Regional Hospital

Patient Name: _____ Date of Birth: _____
Phone: _____

HIGH-RISK PULMONARY EVALUATE AND TREAT ORDER

<p style="text-align: center;">Ordered Due To:</p> <p><input type="checkbox"/> COPD</p> <p><input type="checkbox"/> ASTHMA</p> <p><i>Details if applicable:</i> _____</p> <p>_____</p>	<p style="text-align: center;">Order Duration:</p> <p><input type="checkbox"/> STANDARD – 60 DAY EVALUATE AND TREAT PROTOCOL</p> <p>ORDER EXPIRES ____/____/____</p>
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Diagnosis: _____

Physician/LIP Name (Print): _____

Physician/LIP Signature: _____ Date: _____ Time: _____

Office Phone: _____ Office Fax: _____

Additional Comments: _____

