Testing Patients – Sub Maximal Stress Test (6 minute walk)

**Audience**  
All personnel in the Pulmonary Laboratories: Pulmonary Function Clinic and Center for Pulmonary Rehabilitation.

**Purpose**  
To describe the procedure to follow when a request is made for Sub Maximal stress test (6 minute walk).

**Procedure**  
The following are the correct steps for performing a Sub Maximal stress test on a patient:
- Order is received from a physician requesting a Sub Maximal stress study (6 minute walk).
- Patient is checked in the clinic and all equipment is gathered for testing. Therapist will need to check the patient orders for any special instructions.
- The patient is brought back into the clinic area.
- Patient’s blood pressure, heart rate, pulse oximetry, and respiratory rate are measured. If the therapist has difficulty obtaining an accurate pulse oximetry, then other oximeters may be used. Assistance may be required by another therapist in obtaining values during testing (i.e., carrying larger monitor for accurate readings during the walk). The patient is also evaluated using the Borg Dyspnea Scale.
- If patients’ hands are cold, the therapist may use an infant heel warmer to assist in obtaining a pulse oximeter reading.
- Therapist will fully explain the test to the patient and moved the patient to the hallway for testing.
- During the walk, the patient’s pulse oximetry and heart rate will be continuously monitored.
- Patients are to start test on room air, unless otherwise requested, and to walk at their own comfortable pace without encouragement from the staff.
- Supplemental oxygen will be provided when the patient’s SpO2 is < 88%. At this time, place the patient on 1 L/min by nasal cannula.
- If the patient continues to desaturate (SpO2 < 88 %), the therapist will pause the patient until SpO2 ≥ 90% has been achieved. If after 30 second pause, patient has not reached a saturation of ≥ 90%, increase liter flow by 1 L/min every 30 seconds until SpO2 ≥ 90% SpO2 has been achieved.
- The patient will then be instructed to continue walking.
- If another episode of desaturation occurs, the therapist will increase the flow rate another 1 L/min and pause the patient until SpO2 ≥ 90% has been achieved. If after a 30 second pause, the patient has not reached a saturation of ≥ 90%, increase liter flow by an additional 1 L/min every 30-45 seconds until SpO2 ≥ 90% SpO2 has been achieved.
- Once SpO2 ≥ 90% has been reached, the therapist will instruct patient to continue walking at their pace.
- If patient stops to rest, the therapist will note time, distance, symptoms experienced, and how long the patient rested.
- The test will be completed at six minutes with recording of patient symptoms, SpO2, heart rate and distance ambulated in six minutes with patients being maintained on supplemental oxygen as needed.
- Initial blood pressure, heart rate, pulse oximetry, and respiratory rate are again measured as well as the Borg Dyspnea Scale.
- Post recovery heart rate and SpO2 should be recorded every 30 seconds until patient has achieved SpO2 ≥ 90%.
- **Patients are not allowed to sit during the test. If they have to sit then it ends the test.**
- **If supplemental oxygen was required during the walk, it should not be weaned while the patient is recovering.**
- The therapist should document in the comments all information from test including: symptoms, pauses, cane or walker assistance, distance and time to return to baseline, and all required information on 6 minute walk form.
- **If the patient’s oxygen saturation dropped below 90% the therapist should notify the ordering physician. If the ordering physician is unavailable the therapist should notify the pulmonary fellow assigned for that month. If a physician has not returned a call or page, the therapist will notify the Medical Director. The patient should remain in the lab until the therapist has spoken with a physician.**
- Results are entered into Breeze software were a pulmonary fellow and faculty will interpret and finalize the report.

This form documents the approval and history of the policies and procedures for the Pulmonary Function Laboratory. The Medical Director signs all policies verifying initial approval. Annually thereafter, the Director and/or designee may approve reviews and revisions.

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<td>V. Cardenas, MD Medical Director Pulmonary Laboratory</td>
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<td>6/09</td>
<td>V. Cardenas, MD No changes to the policy</td>
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<td>A. Duarte, MD Medical Director Pulmonary Laboratory</td>
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