

Dear Physician:

Hyperbaric Oxygen Therapy requires a prescription from the client's treating physician. Please use this "Possible Complications" as your guide for the physical examination to rule out possible contraindications. Please feel free to call us at anytime if you have any questions. Thank you for your kind referral. Please use this guide for the client support person as well. The client/support person may be in need of nasal decongestant, without drowsiness, and/or nasal spray during the course of treatment to control nasal congestion which may affect the client/support giver ability to clear ears.

Chest X-ray and physical examination are to be performed via the treating physician. Our professional staff assesses ears, temperature, blood pressure, lung sounds and heart rate before and after each treatment on both client and support person.

NOTE: Neurological disorders, cerebral palsy, traumatic brain injury, autism, reflex sympathetic disorder, near-drowning, etc. are treated at 1.5 ATA per protocol.

We do not treat clients with respiratory issues. If this is an issue or concern, please speak with Sara's Garden Clinic Director.

- **Ear Barotraumas:** Difficulty in clearing the ears causes "popping" and can cause pain. Middle ear Barotraumas is the most common side effect of hyperbaric (HBOT) therapy. It is prevented in most patients by teaching the Auto-inflation Maneuver to equalize pressure in the ears or by the use of Tympanotomy Tubes for those who cannot auto inflate.
- **Sinus Pain:** Sinus squeeze is seen less frequently than Middle Ear Barotraumas. This is the second most common chamber complication usually occurring in patients with upper respiratory trach infections of Allergic Rhinitus. Usually a program of decongestant nasal spray, antihistamines, and/or steroid spray just prior to compression allows therapy to continue.
- **Myopia and Cataract:** Though fairly rare, Myopia can be a reversible complication of repeated exposure to HBOT. Even when progressive Myopia does occur during a series of HBOT therapies, after treatment the visual acuity changes reverse completely. Acceleration of growth in existing cataracts is a complication of chronic long-term exposure. Published reports as well as extensive clinical experience indicate that new cataracts do not develop within the series of 20 to 50 sessions that are commonly used in the USA.
- **Pulmonary:** Pulmonary manifestations of oxygen poisoning are often cited as major concerns. Oxygen tolerance limits that avoid these manifestations are well defined for continuous exposures in normal people. Pulmonary symptoms are not produced by daily exposures to oxygen at 2.0 or 2.4 ATA for 2 or 1.5 hours respectively. The incidence of oxygen convulsions for similar exposures is about 2 per 10,000 patient therapies. Even when Oxygen convulsions do occur, there are no residual effects if mechanical trauma can be avoided. Pulmonary Barotrauma during decompression may rarely occur. Patients with an airway obstruction have an increased risk for Pulmonary Barotrauma during decompression.
- **Pulmonary Barotrauma:** is a complication that can be caused by a patient holding their breath during decompression. This is avoided by having the patients wear the mask or hood tent during decompression, up to an ATA equal to 6 feet below the surface.
- **Oxygen Seizures:** Incidence of seizures is reported in 0.01% of 28,700 treatments and has never been reported in treatments at less than 2.0 ATA for 1 hour or less.
- **Claustrophobia:** Claustrophobia, which appears to be present in about 2% of the general population, may cause some degree of confinement anxiety. Our chamber is a multiplace chamber which has a seating capacity of 5 persons, which reduces this anxiety, and our staff works patiently with this problem. We use clear hoods with our clients rather than masks, which reduces the risk of claustrophobia considerably.
- **Drugs Incompatible with Hyperbaric Oxygen:** Cis-Platinum, Doxorubicin, Blemycin, Mafenide Acetate
- **History of Congenital Spherocytosis**

Normal Pulmonary Function YES NO **Grand-mal Seizure Activity** YES NO

I am the treating Physician of (client's name)_____. I have examined the patient and find she/he is able to undergo Hyperbaric Oxygen therapy according to above information.

_____, MD ID#_____ Phone_____ Date_____

Please include a written prescription. We cannot provide therapy without a prescription.

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