

**HACKETTSTOWN REGIONAL MEDICAL CENTER
CARDIOPULMONARY
SIX MINUTE WALK TEST (6MWT)**

Effective Date: March 2010

Policy No: 3B.010

Cross Referenced:

Origin: Cardiopulmonary

Reviewed Date: 12/2012

Authority: Cardiopulmonary Manager

Revised Date: 12/2012

Page: 1 of 2

SCOPE

All members of the Cardiopulmonary Department

PURPOSE

The 6 minute walk is a test designed to measure both your pulmonary and cardiac function. The 6-minute walk test is performed in a premeasured hospital corridor. The patient will try to cover as much distance as possible in 6 minutes.

PROCEDURE

- The patient should wear loose fitting and comfortable clothing and shoes that are suitable for walking.
- No medications need to be withheld prior to the test.
- The Respiratory Care Practitioner will measure resting blood pressure, heart rate, and oxygen saturation upon arrival.
- A pulse oximeter probe for the saturation reading will be placed on your finger.
- The patient will begin walking at his/her own pace. The Respiratory Care Practitioner will monitor the oxygen saturation and H/R every 30 seconds. The patient will be asked to rate his/her level of dyspnea using the Borg scale, where 0=none and 10= severe. This will be asked prior to walking and again after walking. Blood pressure, heart rate and oxygen saturation will be taken post ambulation.
- The total distance walked in feet will be calculated and recorded as well as walking pace. 1=slow, 2=moderate, 3=fast.
- The 6MWT sheet will be completed and faxed to the ordering doctor.

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Hackettstown Regional Medical Center

651 Willow Grove Street

Hackettstown, New Jersey

Cardio-Pulmonary Department

Phone: 908-850-6819

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Patient Name _____ Patient ID# _____

Gender M F Age _____ Height _____ Weight _____

Lap Counter _____ Distance walked in feet _____

Supplemental oxygen during test: No Yes, Flow _____ L min, type

Blood Pressure _____/_____

Baseline

End of test

Time ____:____

____:____

Heart rate _____

Dyspnea _____

_____(Borg Scale)

Fatigue _____

_____(Borg Scale)

SpO2 _____%

_____%

Stopped or paused before 6 minutes No Yes, reason _____

Other symptoms at end of exercise: angina, dizziness, hip or leg pain

Therapist Comments: _____

Therapist Name _____

Date _____ Time _____

Approved by: See signed Authority & Approval form
month / year Committee Name