Adult Home Oxygen Therapy

Contents

Purpose

To provide guidance on the requirements for and procedures relating to domiciliary oxygen therapy.

Scope/Audience

All CDHB Staff (Note exceptions below)

Exceptions

Ashburton staff refer to local manual

Paediatric patients refer Child Health Manual – Volume Q

NICU patients refer department specific manual

Categories for Home Oxygen Therapy

Category	Indications
Respiratory Long-term oxygen therapy (To be used at least 16 hours per day)	The aims of Respiratory Oxygen include: • Correction of hypoxaemia without introducing or aggravating hypercapnia • Improvement in survival • Reduction of polycythemia • Improvement in neuro-psychological status • Improvement in sleep quality and prevention of nocturnal hypoxaemia • Prevention of right heart failure • Improvement in quality of life
	Indications for Respiratory Oxygen: • COPD PaO_2 <55mmHg • COPD 55-60mmHg with evidence of polycythaemia, clinical cor pulmonale or pulmonary hypertension • Restrictive lung disease with PaO_2 <55mmHg • Other pulmonary conditions with PaO_2 < 55mmHg • NB: The above guidelines apply to patients in a stable clinical state. Patients discharged from hospital will have their domiciliary oxygen therapy reviewed in 4-6 weeks. As a result of this review, oxygen therapy may be discontinued.
Cardiac Category	Severe refractory left ventricular failure associated with hypoxaemia (PaO_2 <55mmHg), after full assessment by a Cardiologist PAH and congenital cardiac conditions with hypoxemia and prevention of right heart failure, after full assessment by Cardiologist Patients with severe angina, who are on maximal therapy, after full assessment by Cardiologist
Neurological Category	Cluster headaches and other facial pain syndromes refractory to other treatment, after full assessment by a Neurologist.
Palliative Category	Treatment of symptomatic relief in patients with advanced progressive disease, often with cancer or other causes of disabling dyspnoea. This therapy is for the management of dyspnoea that is **inadequately controlled** on opioids / anxiolytics and with oxygen saturation levels usually of <90% on air at rest, after discussion with the prescribing Palliative Care Consultant.

Assessment for Home Oxygen Therapy

The following guidelines are used to assess respiratory patients for home oxygen therapy:

Respiratory Category	Guidelines
Respiratory Oxygen	PaO_2 is an important criterion for the selection of patients, but single measurement of PaO_2 is not a sufficient indicator for home oxygen. The patient must be clinically stable including optimisation of pharmacological therapy, chest physiotherapy and preventative measures such as stopping smoking (for at least 4 – 6 weeks). Blood gas measurements in patients after an exacerbation with a PaO_2 <55mmHg may improve even after demonstration of an apparent steady state. The circumstances are different after an acute exacerbation than during long-term management of COPD. For PaO_2 levels between 50 and 55mmHg, a delay of 1-3 months is recommended before assessing for home oxygen.

NB: The above guidelines apply to patients in a stable state. Patients discharged from hospital will have their domiciliary oxygen reviewed in 4-6 weeks. As a result of this review oxygen therapy may be discontinued.

Investigations

Establishing the nature and severity of the pulmonary disorder responsible for hypoxaemia by appropriate tests including:

- Arterial blood gases (ABGs) on air and oxygen.
- Spirometry and bronchodilator response
- Static lung volumes and DLCO (if indicated)
- ECG
- CXR
- Haemoglobin
- Biochemistry screen

Requests for home oxygen

Domiciliary Oxygen Referral form

Request for home oxygen should be written on a Cardiac Respiratory Integrated Specialist Services (CRISS) Referral Form (Ref C220026) and sent to CRISS. They will notify Respiratory Physician or Palliative care consultant.

Requesting assessment for Domiciliary Oxygen

- Home oxygen therapy MUST be requested by a Physician at least **two** days prior to discharge
- **Single point of entry: Fax 364-0849 (Int 80849**) Cardio Respiratory Integrated Specialist Services (CRISS), (5th Floor Riverside, Christchurch Hospital)
- **Before oxygen is prescribed the patient must be assessed by the Clinical Nurse Specialist (CRISS) to determine if he/she meets the criteria. Oxygen must be prescribed** by a Respiratory Consultant, a Palliative Care Consultant or a Paediatrician.

The Specialist will consider the referral and when approved forward it to CRISS to be actioned.

Provision of Home Oxygen

CRISS will educate the patient, demonstrate the safe use of equipment, and arrange follow-up.

Category	Provision
Respiratory Palliative, and Cardiac	The CRISS Clinical Nurse Specialist will provide appropriate oxygen equipment based on the patients requirements.
Neurological Category	Patients will be provided with an oxygen cylinder to be used through an adult Hudson Mask at 6L/Min for 10-15 minutes for each treatment period.

Contra-indications

Supplementary oxygen is not indicated for the following:

- Patients with severe COPD whose main complaint is dyspnoea but who maintain a PaO2>60mmHg on air at rest.
- Smoking – In all categories, patients who have not been smoke free for 4 – 6 weeks will not be provided with oxygen.
- Patients who have not received adequate therapy, i.e. optimisation of medical treatment.
- Patients who are not prepared to use the oxygen equipment as prescribed

Oxygen may be withdrawn from patients who recommence smoking or do not use it as prescribed.

Oxygen should definitely not be used to drive nebuliser units. An exception may be for emergency oxygen during an acute attack while waiting for transport to hospital.

Follow-up for Respiratory Categories

All patients on oxygen will be assessed at Respiratory Outpatient clinic every 6-12 months, depending on the clinical need.

Respiratory patients on oxygen should be considered for pulmonary rehabilitation.

Measurement/Evaluation

Routine audit of patients issued with oxygen are conducted. The audit measures the service against the National Standards for oxygen provision.

Policy Owner	Nurse Manager - CRISS
Policy Authoriser	Chief Medical Officer & Executive Director of Nursing
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