



SIX SIMPLE STEPS

Home Oxygen Prescribing

East Midlands
Respiratory Network

Background

1. Oxygen is a treatment for hypoxia not breathlessness. Patients who are breathless but not hypoxic require optimal medication and alternative support e.g. fan therapy.
2. Oxygen is a prescribed drug and can cause harm as well as benefit. Think does the patient really need oxygen?

S moking Cessation

1. All patients considered for home oxygen should be referred to Home Oxygen Assessment and Review Services.

I nvestigations

1. Screening by pulse oximetry is recommended before any initiation of oxygen. Oxygen Saturations of >92 when the patients is at rest indicate no need for oxygen.

M onitoring

1. 45% of prescribed home oxygen is inappropriately or never used yet it is paid for daily. Does your patient use theirs?

P rescription

1. There is no evidence for Short Burst Oxygen Therapy. It is an expensive placebo and should not be prescribed.
2. There are only 24 Hours in a day why prescribe more?

L ifestyle

1. The need for Ambulatory oxygen requires assessment by our Home Oxygen Assessment & Review Services
2. Few patients require emergency oxygen, and it costs more to prescribe. Think ahead.

E ducation

1. If you are unsure and require advice regarding oxygen prescribing, contact your local Home Oxygen Assessment & Review Service.



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TOP TIPS

New Home Oxygen Order Form (HOOF)

1. The Home Oxygen Assessment and Review Service should be consulted prior to any consideration of oxygen.
2. The new Home Oxygen Order Form (HOOF) is now in two parts:
Part A
 - For pre-assessment or EOL palliation prescriptions.
 - These are temporary orders and this should be explained to patients that following review the oxygen may not be necessary and will be removed (palliative patients are not necessarily assessed).Part B
 - for Home Oxygen Assessment & Review Service Specialist prescribers only.
3. When selecting a concentrator or static cylinder:
 - ≥ 3 hours a day of home oxygen, the patient will need a concentrator.
 - < 3 hours a day of home oxygen, static cylinders will be adequate.
4. Ambulatory /portable oxygen cannot be ordered on Part A.
5. The HOOF still requires a Home Oxygen Consent Form (HOOF) for new patients. The patient has to consent, and you have to sign to say they have consented.
6. Our new supplier is Air Liquide (Homecare) Ltd, contactable from 21st May 2012 on 0808 202 2099.



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