

BTS WORKING GROUP ON HOME OXYGEN SERVICES

CLINICAL GUIDELINES FOR OXYGEN ASSESSMENT

ADDITIONAL GUIDANCE (PAPER NO 1) - NOVEMBER 2005

The introduction of the integrated oxygen service has allowed provision of all modalities of home oxygen, including long term oxygen therapy (LTOT), ambulatory oxygen therapy and short burst therapy by one contractor. However, appropriate assessment of patients is essential so that the right patients are treated with home oxygen for the right period of time and with appropriate flow rates to obtain optimal benefits and reduce the chance of adverse effects.

Existing assessment services for provision of LTOT should be expanded as soon as possible to encompass the requirements for ambulatory oxygen provision, as this will avoid delays in oxygen ordering and preventing inappropriate prescriptions which has cost implications.

Home oxygen will be now provided after completion of the Home Oxygen Order Form (HOOF). A number of issues have emerged at meetings discussing the new oxygen service related to assessments and the completion of the HOOF.

1. PATIENTS ESTABLISHED ON LTOT

Patients who are currently on LTOT with an oxygen concentrator will be changed to the new contractor appointed in their region and there will be no requirement for new HOOF completion.

2. NEW POTENTIAL LTOT PATIENTS FROM FEBRUARY 1ST 2006

All potential NEW LTOT patients need to be assessed by a specialist service for measurement of arterial blood gases, determination of oxygen flow rate and requirement for ambulatory oxygen.

3. PATIENTS CURRENTLY ON LTOT REQUIRING AMBULATORY OXYGEN

Patients on LTOT who require an ambulatory oxygen source will require completion of the HOOF. There are two grades of patients on LTOT that require different approaches:

- **Grade 1 oxygen requirements - LTOT Low Activity** – these patients are mainly housebound and do not leave the home without assistance and will only need to use an occasional portable cylinder. Thus the HOOF will need to be completed for these patients to obtain their portable cylinder, with the oxygen flow rate set at the same level as they use for LTOT, as they will be using oxygen usually when sedentary. The average time of use will be approximately 1 hour per day but may vary with individual patients.

If these patients have been assessed previously for LTOT, they do not need specialist referral in the first instance and do not need other modes of delivery of ambulatory oxygen.

Some Grade 1 patients may already have additional oxygen cylinders delivered by pharmacists and on the expiry of the FP10 after Feb 1st 2006, these patients will need to be transferred to the new contract with completion of the HOOF.

- **Grade 2 oxygen requirements – LTOT Active Group**

These patients will require referral to specialist care for full assessment for ambulatory oxygen. This assessment will be performed as in the document for the Clinical component for the Home Oxygen Service in England and Wales, prepared by the BTS (British Thoracic Society) Working Group on Home Oxygen Services.

During the assessment, patients will have their oxygen requirements assessed and the oxygen flow rate determined while ambulant.

It is expected that most patients in this group will be provided with ambulatory oxygen starting at a usage of 2 hours daily and asked to monitor their daily usage. As suggested, all patients should be followed up after 2 months, when the true requirement can be determined and the order adjusted through completing another HOOF form.

All patients who may require use at home of an Oxygen Conserving Device (OCD) on their portable cylinder must be fully assessed at an assessment centre as some patients show inadequate correction of hypoxaemia with an OCD.

As Grade 2 patients require assessment, it is not appropriate for the HOOF to be completed without specialist assessment in this group.

- **Grade 3 Requirements - Non- LTOT patients - Exercise Desaturators**

These patients will require referral to specialist care for full assessment as to whether they fulfil the criteria for ambulatory oxygen

4. PROVISION OF OXYGEN CONCENTRATORS FOR PATIENTS ON CYLINDERS USING 2 HOURS DAILY

Some concern has been expressed about the number of patients currently using short burst oxygen with oxygen cylinders, that will be transferred to oxygen concentrators. This change has occurred due to a shortage of oxygen head sets in the transition period to the start of the new contract in February 1st 2006.

Short burst oxygen therapy refers to the intermittent use of supplemental oxygen at home usually for periods of about 10 to 20 minutes at a time to relieve dyspnoea. It is important to differentiate short burst therapy from the provision of continuous oxygen with exercise and termed ambulatory oxygen therapy. Despite extensive

prescription of short burst therapy, there is no adequate evidence available for firm recommendations and further research is required.

It is also likely that some of these patients on short burst will have arterial hypoxaemia and require assessment for LTOT. Other patients may reduce or discontinue their usage of the oxygen through the concentrator. Thus it is essential that patients who have been transferred to an oxygen concentrator for the provision of short burst therapy should be identified for an early assessment.