

The Importance of Home Oxygen Assessment and Follow Up

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Why do we need a Home Oxygen Service?

- Previously unstructured / No funding
- **900** plus patients receive home oxygen in Hull
- Determined by BTS /NICE National Guidelines 2006 -To improve Home Oxygen Assessment & Monitoring

Benefits include:

- Structured approach – Reducing inappropriate prescribing and reduces unnecessary costs
- Reduce inappropriate hospital admission/clinic visits
- Correct oxygen provision
- Reduced clinical risk
- Structured follow up monitoring

Who provides the Service

The Oxygen Assessment Team:

- 2 - Respiratory Nurse Specialists
 - 40 years collective experience
- 2 - Band 6 Oxygen Nurses
- 1 - Administrative Support



Extended Service Support

- Pulmonary Rehabilitation
- Long Term Conditions Team
- Community Physiotherapist
- HOS lead



Referral Criteria

- Any health care professional
- **All** Patients prescribed LTOT in hospital (unless palliative)
- Patient **MUST** be registered under a Hull GP
- Diagnosis confirmed
- Treatment Optimised
- 5 weeks clear of chest infection/exacerbation
- Oxygen saturation on air at rest $\leq 92\%$
- Ambulatory de-saturation of $\leq 90\%$



Exclusion criteria

- Patients requiring oxygen for palliation **DO NOT** need to be referred
- Holiday HOOF's
- Patients registered with an East Riding GP should be referred to the "Community Respiratory Team" Manor Road Surgery Beverley

What will the service provide?

1. Long Term Oxygen Therapy Assessments
2. Short Burst Oxygen Therapy Assessment
3. Ambulatory Oxygen assessments
4. Follow up home monitoring



LTOT

Indications include:

Any Chronic hypoxia Patient
(Saturations < 92% PaO₂ <7.3kpa and
8kPa)

COPD

Severe asthma

CF

Bronchiectasis

Fibrosis

Pulmonary hypertension

Chronic heart failure

Nocturnal hypoventilation



Blood Gas Assessment

Earlobe gas obtained and processed through a portable Blood Gas analyser

I-STAT



Short Burst Oxygen

A B10 cylinder (Large static cylinder) will be provided

Episodic breathlessness (usually prescribed for palliation)

Normally 24% or 28% at 2l/min Venturi mask

(Advice can be provided by the team)



Formal Ambulatory Assessments

- Refer patients who are hypoxic or who become hypoxic during exercise: resting saturation $<92\%$, or on exertion $>4\%$ (to $<90\%$)
- Ambulatory Assessments are now being completed within Pulmonary Rehabilitation /clinic



Does it work?

Yes!

Pilot study for one month has shown:

- **50 patients referred 41 assessed (main referrals LTCT)**
- **90% required treatment: Initiation of oxygen, alteration to flow rate /provision or removal of oxygen therapy**
- **Only 2% under regular support from secondary care**
- **63% discharged completely**
- **25% never reviewed**
- **To date over 11 months £88,619 saved by removing inappropriate provision**



Patient satisfaction Survey

Aim: Measure overall quality of the Home Oxygen service

Rates of satisfaction

1 = Poor to 7 = Outstanding

- 83% rated Outstanding / Excellent for overall service delivery in reducing anxiety and stress
- 99% rated Excellent /Outstanding for preference for a home compared to a hospital based service
- 93% rated Excellent /Outstanding for reduced stress related to the earlobe gas procedure



Don't forget to give smoking cessation advice !!



The key to a successful service is to look beyond the obvious! (Try and find the man)

