

## Guidance Title: Home oxygen ordering guidance for inpatients within UHP

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May 2021	1.2

### Accountabilities

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### Links to other documents

### Version History

1.0	January 2020	Document Created
1.1	June 2020	Minor update agreed by Chairman's action regarding COVID 19.
1.2	May 2021	Guideline reviewed – no changes required

Last Approval	Due for Review
May 2021	Nov 2022

# Home oxygen ordering guidance for inpatients within UHP

Home oxygen within the South West Peninsula is provided by Air Liquide. Used correctly, oxygen can help improve quality and length of life in patients with COPD and other respiratory disorders. Incorrect prescription and use of home oxygen can place patients at substantial risk. This document aims to provide a guide to non-specialist staff who prescribe and order home oxygen therapy.

## Key Messages

### **OXYGEN DOES NOT HELP BREATHLESSNESS IN NON-HYPOXIC PATIENTS!!**

Home oxygen should only be ordered for those patients who remain significantly hypoxaemic before discharge (paO<sub>2</sub> of less than 7.3kPa on air)

**Any health care professional can access Part A of the new oxygen portal and order static oxygen for the home through this portal. Please note that wherever possible static oxygen should only be via concentrator, cylindered oxygen is a very expensive option often costing £1000s per annum more than a concentrator.**

All patients, for whom home oxygen is being considered should have a consent to share information form (Home Oxygen Consent Form) and a risk assessment form completed before the oxygen can be ordered (Appendix 1). In addition, a home oxygen pre-assessment form (inpatient declaration) must be completed and signed. This can be found below in Appendix 2

**High Risk patients must be referred to the Home Oxygen Team and the Fire and Rescue Service. This will usually be undertaken by the home oxygen team.**

Patients discharged on home oxygen must be referred to the Home Oxygen Team via 'Red-Top'. The only exception to this are patients who are using oxygen to palliate symptoms of breathlessness on an end of life pathway.

**After exacerbation, hypoxaemia can take up to 6 weeks to resolve, patients sent home on long term oxygen therapy should therefore be advised that the oxygen provided may be removed upon review by the specialist oxygen team.**

Ambulatory and/or portable oxygen should not be routinely prescribed upon discharge, this warrants specialist assessment during a period of clinical stability. Very few patients will require oxygen for 24 hours per day. Long term oxygen therapy should be used for at least 15 hours per day. **PLEASE ENCOURAGE PATIENTS TO HAVE PERIODS OFF OXYGEN.** Very few patients require oxygen 24/7, most will therefore not need cylindered oxygen for outside the home.

**Advice on any aspect of home oxygen therapy can be obtained Monday to Friday 9-5 via the home oxygen team on bleep 81503 or 07884324389.**

## Modes of oxygen therapy

**Long term oxygen therapy (LTOT)** has an evidence base which shows improves prognosis in patients with COPD . There is not significant evidence in other pathologies demonstrating increased length of life but it is assumed that it is of benefit in other respiratory conditions with chronic hypoxia.

**Short burst oxygen therapy** has no evidence base and should not be prescribed without consideration of other methods to palliate/manage breathlessness. **Short burst oxygen should not be prescribed to facilitate discharge or otherwise in patients who are not hypoxic.**

**Ambulatory oxygen therapy**, of which there are now many options, can only be ordered by specialist users and only following specialist assessment, via a Part B HOOOF (HOME OXYGEN ORDER FORM). It is used to maximise walking distances and activity levels in patients who desaturate and become breathless upon activity. It should not be routinely offered to patients who are not eligible for LTOT.

**Nocturnal oxygen therapy** has little evidence base and should not be prescribed without appropriate assessment in a sleep clinic. Please refer to sleep disordered breathing referral guidance.

**Palliative oxygen therapy** has little evidence base but can be used to treat intractable breathlessness in end stage malignant disease, where other methods of palliation have been tried. It should only be prescribed if the patient is hypoxic, ie arterial oxygenation of less than 8kPa O<sub>2</sub> When home oxygen is provided on a palliative basis a formal assessment by the Home Oxygen Service may not be necessary unless ambulatory oxygen is required.

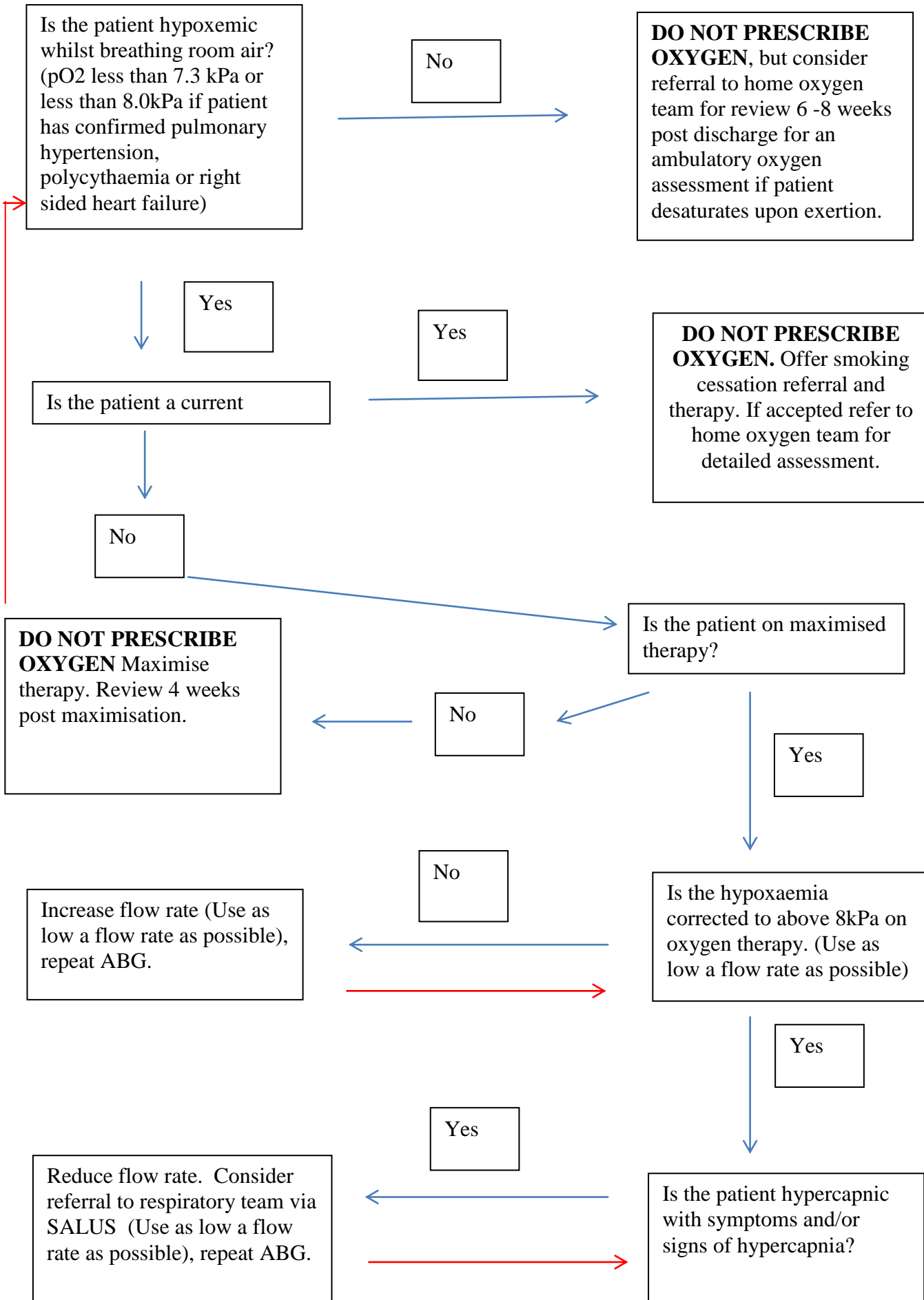
### Oxygen therapy and Smoking

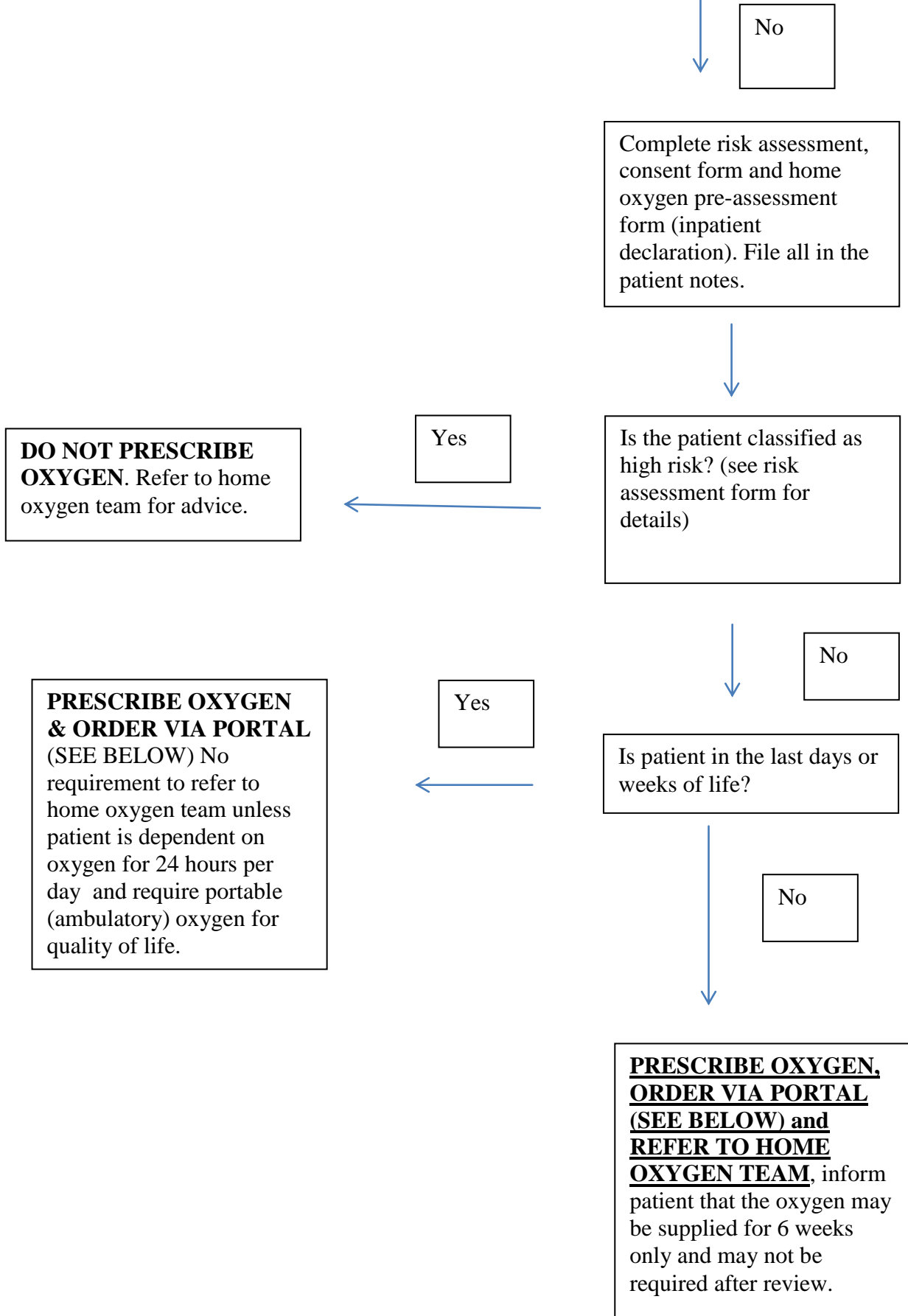
**Oxygen promotes combustion, oxygen and smoking tobacco or via electronic cigarettes should be strongly discouraged.**

**NICE 2019 Chronic obstructive pulmonary disease in over 16s: diagnosis and management states:**

Long-term oxygen therapy should **not** be given to people who continue to smoke despite being offered smoking cessation advice and treatment, and referral to specialist stop smoking services. **If patients decline to stop smoking then long term oxygen therapy should not be prescribed.**

## Discharging on Patients on Home Oxygen Flow Chart.





## Home oxygen ordering instructions

Non-specialist home oxygen (concentrator and large cylinder) can be ordered by any health care professional using a Part A HOOF, an assessment of the patient's oxygen needs must be completed by a competent practitioner most commonly a doctor or specialist nurse/physiotherapist. The home oxygen team will provide advice regarding this for inpatients but will not undertake the assessment.

All home oxygen is requested via the Air Liquide Oxygen ordering web portal which can be found here:

<https://www.airliquidehomehealth.co.uk/hcp/>

**The portal works most effectively when accessed through Google Chrome.**

There is no requirement for a password for Part A of the Air Liquide Oxygen ordering web portal and prescribers need to follow the steps on the screen. Some tips are given below.

**Wherever possible please order an oxygen concentrator rather than cylinders, this will save over £1000 per annum.**

Please refer any patients started on oxygen, apart from those for whom use is palliative to the specialist home oxygen service via red-top. Please inform all patients that the supply might be temporary.

If the patient already has specialist oxygen equipment at home then they will be classified as a Part B Patient. If a change in flow rate is required to facilitate discharge a Part B prescriber will have to amend the prescription, please call the home oxygen team. Outside of normal office hours a part B prescription can be overridden by any health care professional if that change is required urgently. This is best achieved by completing a verbal order by telephoning Air Liquide the oxygen provider on 0808 202 2099. Please state **“that a part B prescriber is not available and the Part B prescription needs to be overridden to facilitate a safe discharge”**. Air Liquide will then contact the Part B prescriber on the next working day.

### COVID 19 Pandemic

To prevent delay in changing therapy, there will be times during outbreaks where Part A prescribers can change oxygen prescriptions previously written by Part B prescribers. This is best done via telephone 0808 202 2099. The Part B prescriber will be notified of the change via email.

# APPENDIX 1

## HOME OXYGEN CONSENT FORM

IHORM IG approved 298

### Patient agreement to sharing information



Form issued by:			
Unit/Surgery		Address	
Contact name			
Tel no.			
Email		Postcode	
<b>Patient</b>			
Name		Address	
D.O.B.			
NHS number			
Tel/mobile no.		Postcode	
E-mail		(only include if the patient agrees to email contact)	
<p>My doctor or a member of my care team has explained the arrangements for supplying Oxygen at my premises, that my personal information will be managed and shared in line with the Data Protection Act 1998, Human Rights Act 1998, and common law duty of confidentiality and I understand these arrangements, such that:</p> <ol style="list-style-type: none"> <li>1. Information about <u>my condition/condition of the patient named above*</u> will be provided to the Home Oxygen Service (HOS) Supplier to enable them to deliver the Oxygen treatment as per the Home Oxygen Order Form (HOOF).</li> <li>2. The HOS Supplier will be granted reasonable access to my premises, so that the Oxygen equipment can be installed, serviced, refilled and removed (as appropriate).</li> <li>3. Information will be exchanged between my hospital care team, my doctor, the home care team and other teams (e.g. NHS administration) as necessary related to the provision, usage, and review, of my Oxygen treatment, and safety.</li> <li>4. Information will also be shared with the local Fire Rescue Services team to allow them to offer safety advice at my premises and where appropriate install/deliver suitable equipment for safety.</li> <li>5. Information will also be shared with my electricity supplier/distributor where electrical devices have been installed.</li> <li>6. From time to time, I may be contacted to participate in a patient satisfaction survey/audit. (Should you wish not to participate please tick this box) <input type="checkbox"/></li> <li>7. I understand that I may withdraw my consent at any time (at which point my HOS equipment will be removed).</li> </ol>			
* Delete as applicable			
Patient's signature		Date	
(see note 4 where signed and witnessed on patient's behalf)			
I confirm that I have responsibility for the above-named patient e.g. parental responsibility, lasting power of attorney.			
Signature		Name	
Relationship to patient		Date	
I confirm that I am the healthcare professional responsible for the care of this patient and I have completed this form on his/her behalf as s/he is unable to provide/withhold consent. The patient has been given a copy of this form.			
Clinician's signature		Date	
Name			



## APPENDIX 2.

### HOME OXYGEN RISK ASSESSMENT FORM

IHORM IG approved 298

#### Initial Home Oxygen Risk Mitigation Form (IHORM) and Home Oxygen Consent Form (HOOF) for new patients only .

**BOTH FORMS MUST BE COMPLETED AND SIGNED BEFORE OXYGEN CAN BE INSTALLED.**

**DO NOT SEND FORMS TO SUPPLIER FORMS WILL BE PLACED IN PATIENT NOTES**

**THERE ARE CONFIRMATION BOXES ON THE HOME OXYGEN ORDER FORMS.**

Oxygen can pose a risk of harm to the user and others in the event of fires, falls and inability to use complex equipment. The initial identification and onward communication of these risks is the responsibility of the health care professional ordering the oxygen and remains so until that prescription ceases or is superseded. The table below reflects risk factors that are based on evidence of real life serious and untoward incidents, 90% of which are smoking and e-cigarette/charger related.

The Initial Home Oxygen Risk Mitigation (IHORM) is to be completed in conjunction with the Home Oxygen Consent Form (HOOF) prior to oxygen being ordered from the oxygen supplier via the Home Oxygen Order Form (HOOF). It is the responsibility of the registered health care professional who is gaining consent to complete and add the IHORM with the HOOF and HOOF to the patient's notes. If all documents are not confirmed as being completed in full the Home Oxygen Order cannot be fulfilled.

If the risks identified on the IHORM indicate significant levels of risk the patient should be discussed directly with the local Home Oxygen Service or Clinical Oxygen Lead for a full risk assessment prior to oxygen being ordered as recommended in the British Thoracic Home Oxygen Guidelines June 2015. **Regardless of risk or diagnosis all adult patients should be referred the Home Oxygen Assessment and Review Service (HOS-AR) for the team to determine next steps if deemed relevant.**

**If any responses below fall within a shaded box, please refer to the Required Action column and supporting notes.**

All actions should be explained to the patient and why they are being taken in line with service contracts. Ensure that both verbal and written information has been given to the patient or their representative.

Patient Name		DOB	
Address		Oxygen requested?	No- Risk too high <input type="button" value="v"/>
Recorded at	Hospital/Clinic <input type="button" value="v"/>	NHS No	
Risk Level	Risks	No	Yes
HIGH	Does the patient smoke cigarettes / e-cigarettes?	<input checked="" type="radio"/>	<input type="radio"/>
	Have they smoked in the last 6 months? Quit date .....	<input checked="" type="radio"/>	<input type="radio"/>
	Does anyone else smoke at the patients premises?	<input checked="" type="radio"/>	<input type="radio"/>
	A recent history of drug or alcohol dependency?	<input checked="" type="radio"/>	<input type="radio"/>
	Patient reported they have had a fall in the last 3 months?	<input checked="" type="radio"/>	<input type="radio"/>
	Have they had previous burns or fires in the home?	<input checked="" type="radio"/>	<input type="radio"/>
	Does the person have identified mental capacity issues?	<input checked="" type="radio"/>	<input type="radio"/>
MODERATE	Can the patient leave their property un-aided?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Is the patient or any dependents/ in the property vulnerable? E.G. disabilities/ children	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Do they live in a home that is joined to another?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Patient reports they have working smoke alarms at home? (if unknown please state no)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Do they live in a multiple occupancy premises (Bedsit/flat)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mitigation actions taken e.g. contacted falls team Referred to Fire and Rescue			
Declaration I confirm that I am the healthcare professional responsible for the care of this patient. I have discussed the risks listed on this form with the patient/carer/ guardian (delete as necessary) and from the responses given Oxygen can/cannot (delete as necessary) be requested at this time.			
Clinicians Signature		Profession	
Print Name		HOS team	No <input type="button" value="v"/>
Contact No.		Date	
Lead Consultant is (Hospital Discharge only)		Discharge Date	



## APPENDIX 3

### HOME OXYGEN PRE-ASSESSMENT FORM\*

#### INPATIENT DECLARATION\*\*

Patient agreement to non-smoking status to enable safe assessment and supply of oxygen at home

You are being assessed for eligibility for oxygen at home	
In order to safely prescribe oxygen for you it is essential that you are a non-smoker (including the use of e-cigarettes) and have been a non-smoker for at least 6 weeks prior to admission	
We will ask you to declare non-smoking status prior to the team undertaking the assessment	
<b>ADDRESS:</b>	
1. I am the patient named above / I am the carer with responsibility for the patient named above	<b>YES / NO</b>
2. I have discussed with a health care professional and understand the reasons for not smoking whilst oxygen equipment is in the house	<b>YES / NO</b>
3. I confirm I have never smoked cigarettes or e-cigarettes <b>Go to question 7</b>	<b>YES / NO</b>
4. I confirm I am a non-smoker and have been a non-smoker for at least 6 weeks prior to today <b>This period does not include the time spent in hospital</b>	<b>YES / NO</b>
5. I confirm I have been offered support to stop smoking	<b>YES / NO</b>
6. I confirm I have accepted support to stop smoking	<b>YES / NO</b>
7. I confirm I will not smoke or allow any other person to smoke in my home whilst I am receiving oxygen therapy	<b>YES / NO</b>
8. I confirm I understand the safety risks if I do smoke or anyone else smokes in my home whilst I am receiving oxygen therapy, and the oxygen therapy may be discontinued and the equipment removed	<b>YES / NO</b>
9. I confirm I understand that oxygen therapy may not be effective for my condition if I continue to smoke	<b>YES / NO</b>

**Person making the declaration**

..... (print) ..... (sign) ..... (date)

**Health Care Professional**

..... (print) ..... (sign) ..... (date)

\* Author: Simon Edwards (NHS Somerset CCG) on behalf of Home Oxygen Service – Contract Management Board

\*\*Please use the separate 'community' form where the individual is not currently an in-patient

***A copy of the signed declaration form should be given to the patient and the original should be held on the patient's notes***

## APPENDIX 4

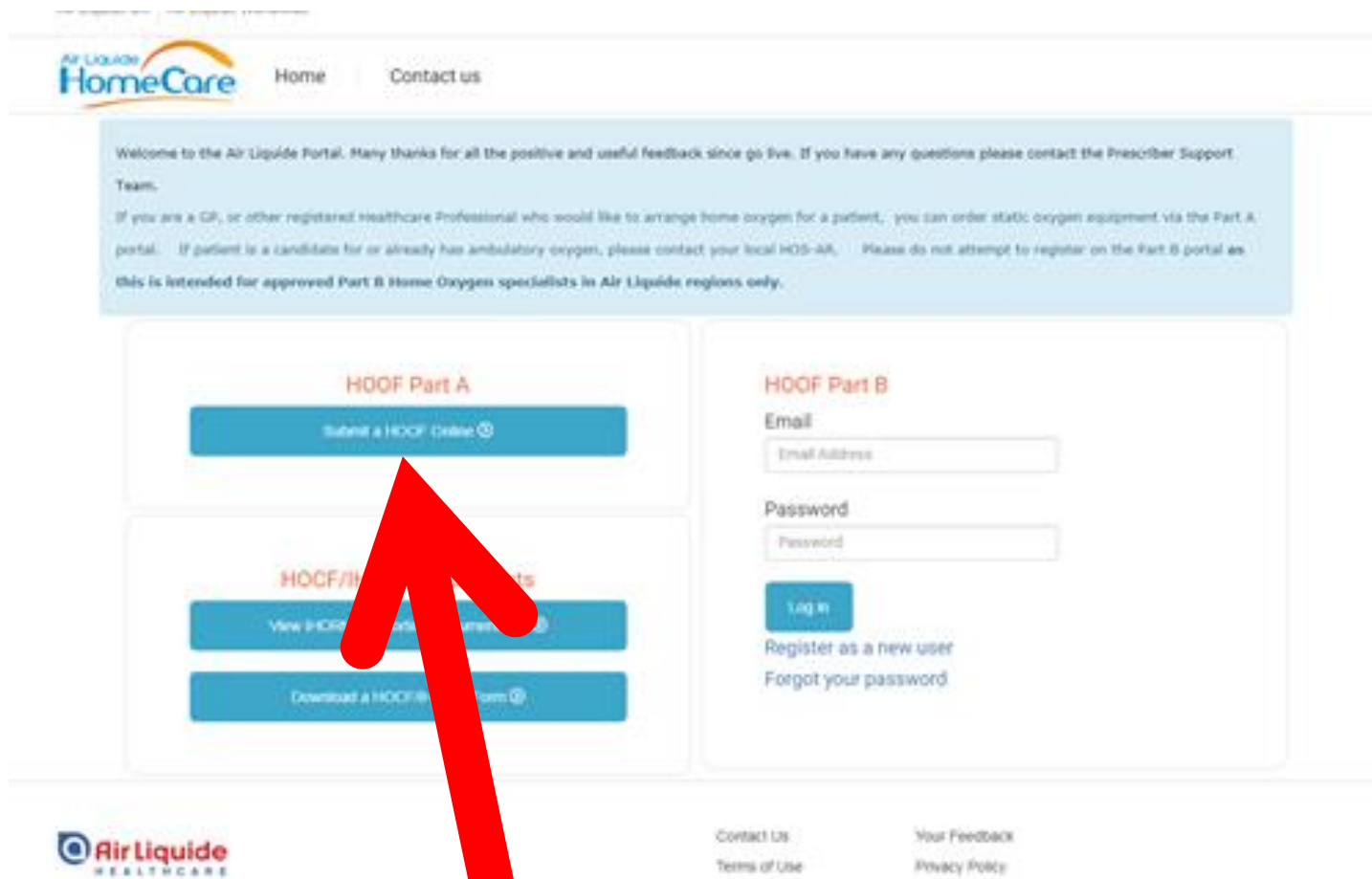
### COMPLETION OF THE HOOF

#### STEP 1

Go to <https://www.airliquidehomehealth.co.uk/hcp/>

### COMPLETION OF THE HOOF

#### STEP 2



The screenshot shows the Air Liquide HomeCare HCP portal. At the top, there is a navigation bar with the Air Liquide HomeCare logo and links for 'Home' and 'Contact us'. Below the navigation bar is a welcome message: 'Welcome to the Air Liquide Portal. Many thanks for all the positive and useful feedback since go live. If you have any questions please contact the Prescriber Support Team. If you are a GP, or other registered Healthcare Professional who would like to arrange home oxygen for a patient, you can order static oxygen equipment via the Part A portal. If patient is a candidate for or already has ambulatory oxygen, please contact your local HOS-UK. Please do not attempt to register on the Part B portal as this is intended for approved Part B Home Oxygen specialists in Air Liquide regions only.'

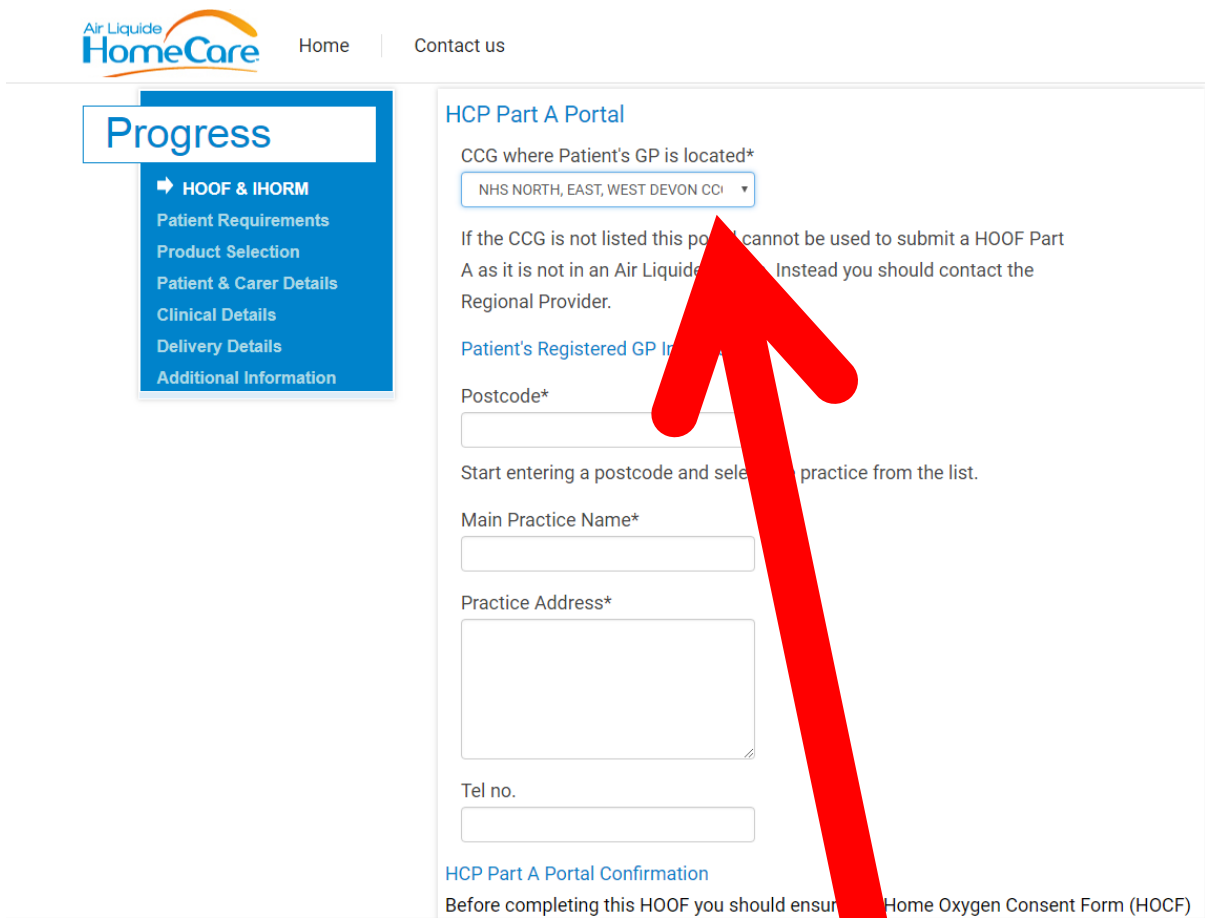
The main content area is divided into two columns. The left column contains three buttons: 'Submit a HOOF Order', 'View HOOF Orders', and 'Download a HOOF Form'. The right column contains a login form with fields for 'Email' and 'Password', a 'Log in' button, and links for 'Register as a new user' and 'Forgot your password'. A large red arrow points from the bottom right towards the 'Submit a HOOF Order' button.

At the bottom of the page, there is a footer with the Air Liquide Healthcare logo and links for 'Contact Us', 'Terms of Use', 'Your Feedback', and 'Privacy Policy'.

Click here to commence the oxygen order.

## COMPLETION OF THE HOOF

### STEP 3



**Progress**

- **HOOF & IHORM**
- Patient Requirements
- Product Selection
- Patient & Carer Details
- Clinical Details
- Delivery Details
- Additional Information

#### HCP Part A Portal

CCG where Patient's GP is located\*  
NHS NORTH, EAST, WEST DEVON CCG

If the CCG is not listed this portal cannot be used to submit a HOOF Part A as it is not in an Air Liquide region. Instead you should contact the Regional Provider.

Patient's Registered GP Information

Postcode\*

Start entering a postcode and select a practice from the list.

Main Practice Name\*

Practice Address\*

Tel no.

**HCP Part A Portal Confirmation**  
Before completing this HOOF you should ensure you have completed the Home Oxygen Consent Form (HOCF)

Select NHS NORTH, EAST WEST DEVON CCG as the CCG unless the patient lives in Cornwall, when NHS Kernow should be selected.

# COMPLETION OF THE HOOF

## STEP 4

AP LIZARD HomeCare Home Contact us

**Progress**

- HOOF & INFORM
- Patient Requirements
- Product Selection**
- Patient & Care Details
- Clinical Details
- Delivery Details
- Additional Information

**Static Prescription** Litres Per Minutes: 2,000 | Hours Per Day: 16

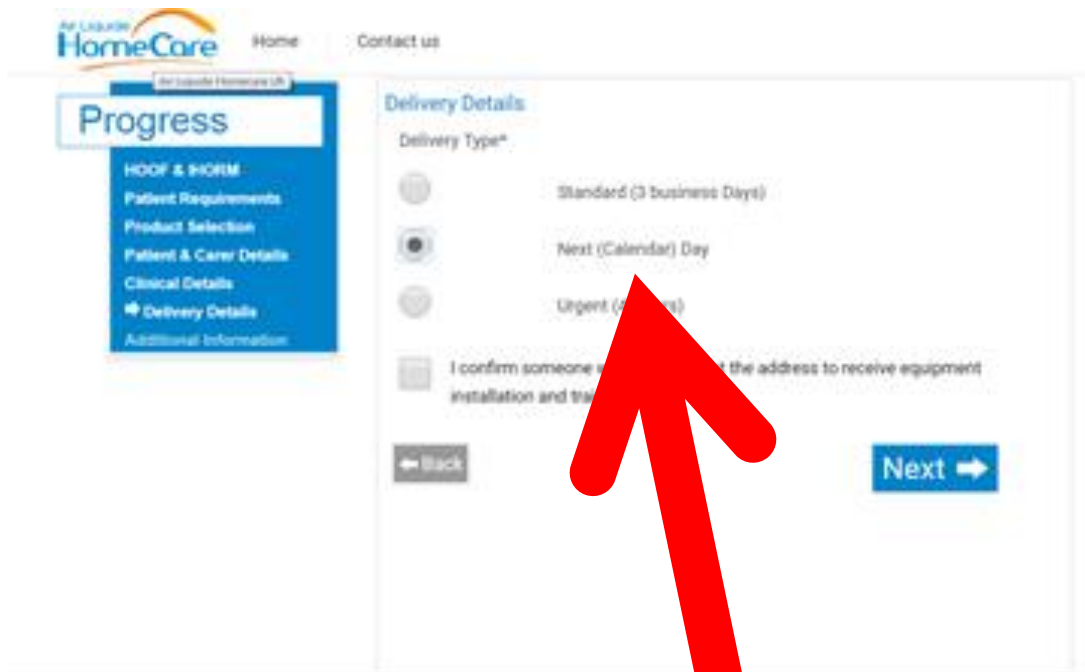
<b>8.1 Static Concentrator with 1 B/U cylinder</b> The most efficient method of delivering home oxygen to users who need more than 2 hours of oxygen per day. Not suitable for Cluster Headaches. Quantity Required: 1 Deliveries per annum: 1 Backups Supplied: 0	Select <input checked="" type="checkbox"/>
<b>8.2 Static Cylinder</b> A back up cylinder is automatically supplied with a concentrator. Quantity Required: 6 Deliveries per week: 1 Backups Supplied: 0	Select <input type="checkbox"/>

[Back](#) [Next](#)

Always select the static concentrator, this is by far the cheapest and safest option.

## COMPLETION OF THE HOOF

### STEP 5



The screenshot shows the 'HomeCare' website interface. At the top left is the logo and navigation links for 'Home' and 'Contact us'. A 'Progress' sidebar on the left lists steps: 'HOOF & HORM', 'Patient Requirements', 'Product Selection', 'Patient & Carer Details', 'Clinical Details', 'Delivery Details' (highlighted with a blue bar and arrow), and 'Additional Information'. The main content area is titled 'Delivery Details' and includes a 'Delivery Type\*' section with three radio button options: 'Standard (3 business Days)', 'Next (Calendar) Day' (which is selected and pointed to by a large red arrow), and 'Urgent (4 hours)'. Below this is a checkbox for 'I confirm someone will be at the address to receive equipment installation and trial'. At the bottom of the form are 'Back' and 'Next' buttons.

Please order next day or 3 day wherever possible. 4 hour delivery adds over £100 to the cost of delivery.

## Supporting Information

British Thoracic Society, Home Oxygen Guidance 2015

<https://www.brit-thoracic.org.uk/quality-improvement/guidelines/home-oxygen/>

NICE Chronic obstructive pulmonary disease in over 16s: diagnosis and management 2019.

<https://www.nice.org.uk/guidance/ng115/chapter/Recommendations#managing-stable-copd>