Shropshire Community Health NHS Trust

Home Oxygen and Review service (HOS-AR

Referral Pathway

Referral criteria

- Confirmed diagnosis - COPD, pulmonary hypertension, interstitial lung disease, Cystic fibrosis, pulmonary malignancy. Nocturnal hypoventilation as adjunct to NIV or CPAP, Neuromuscular /chest wall disease, cluster headaches following neurology advice, palliation.

Initial Assessment

- SpO2 below 92% on air at rest when clinically stable and fully optimised with their respiratory medication, or below 94% if there is evidence of peripheral oedema, polycythaemia or pulmonary hypertension.
- **hypoxia of unknown origin MUST be fully investigated by the referrer prior to referral to the HOS-AR service**

Patients discharged from hospital with home Oxygen

Clear concise communication including Arterial Blood Gas results and date of exacerbation must be included on the referral form.

Patients must be counselled that LTOT may not be required following formal assessment.

Refer to Shropshire HOS-AR Service via RAS (Referral Assessment Service) or email shropcom.rnurses@nhs.net

An emergency Home Oxygen prescription is not usually clinically indicated.

Part A of the HOOF (non specialist/ awaiting assessment) can be completed for palliation and severe breathlessness (in presence of hypoxaemia SpO2 < 92%) at end of life. All patients with a HOOF A require onward referral to the HOS-AR service.

Please ensure a risk assessment is completed along side the Home Oxygen Consent Form (HOCF) and copies are sent with the referral to the HOS-AR service. Documents can be found at:

https://www.baywater.co.uk/wp-content/uploads/2017/08/Final-IHORM_-IG-approved-298-v1.3.pdf

Contact the HOS-AR service on 01743 730034 if you require further advice and guidance.

Referral triaged within 5 days appointment offered within 6 weeks in clinic or home visit if patient is unable to attend clinic.

Types of Oxygen therapy offered as recommended by the BTS Guidelines

LTOT- Long term oxygen therapy

AMBOT- Ambulatory Oxygen therapy, specialist assessment required (HOOF B)

SBOT– short burst oxygen therapy -no evidence of clinical benefit avoid prescribing

POT- palliative oxygen therapy, can be initiated by any qualified clinician

NOT– nocturnal oxygen therapy for patients with proven nocturnal hypoventilation

Criteria met: patients followed up at 4 weeks, 3 months, 6 months then annually in line with national guidance.

Criteria not met: patient signposted back to GP or other healthcare professional for monitoring.