# Identification and Referral of COPD Patients for Home Oxygen Assessment

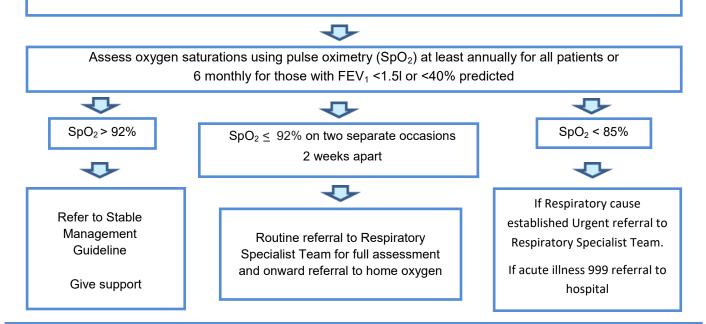


NHS Calderdale CCG, NHS Greater Huddersfield CCG, NHS North Kirklees CCG, NHS Wakefield CCG, Mid Yorkshire NHS Hospitals Trust and Calderdale and Huddersfield Foundation Trust

#### Do not issue home oxygen

- · For breathlessness even in palliative care
- If Sp0<sub>2</sub> is >92%
- If the patient is unstable
- To smokers or those that have quit smoking less than 3 months ago
- · Without undertaking a risk assessment for those living with a smoker at home

Quality assured diagnosis of COPD (refer to diagnosis guidance) and patient clinically stable for at least 5 weeks



## **Issuing Home Oxygen**

Please refer all patients for whom oxygen is being considered due to non-palliative care reasons directly to the Oxygen Assessment Team for an assessment. 01422 835193

### If home oxygen is issued:

- Do not issue 4 hour HOOF A next day am or pm deliveries will be sufficient and more convenient for the patent
- Non oxygen specialist clinicians can only order static supply of oxygen, on a temporary basis, in palliative care
- It is the responsibility of the ordering clinician to ensure the patient receives appropriate follow up and review after 4 weeks and 6 monthly from then on
- It is the responsibility of the ordering clinician to ensure the consent and mitigation forms are completed prior to submitting the home oxygen order form to identify risk factors
- **NEVER** issue oxygen at the request of another clinician (they should be asked to complete the order themselves or refer to the Home Oxygen Assessment and Review Team)
- For patients requiring assessment for non-respiratory reasons, eg cluster headaches, circulatory or children please refer to local pathways

# Flight Assessment: BTS guidance suggests a person planning to fly requires assessment if:

- SpO<sub>2</sub> 92 95% with associated risk factors\*
- \*Risk factors are hypercapnia, FEV < 50% predicted, Lung Cancer, restrictive lung disease, kyphoscoliosis, on non-invasive ventilator support, co-existing cardiac or cerebrovascular disease, within 6 weeks of admission for acute exacerbation
- The patient is using Long Term Oxygen Therapy Refer to Secondary Care Respiratory Specialist Team for flight assessment

#### References:

BTS Guidelines for Home Oxygen use in Adults 2015 <u>https://www.brit-thoracic.org.uk/document-library/guidelines/home-oxygen-for-adults/bts-guidelines-for-home-oxygen-use-in-adults/</u>

Chronic obstructive pulmonary disease in over 16s: diagnosis and management July 2019 https://www.nice.org.uk/guidance/NG115

Global Initiative for Chronic Obstructive Lung Disease. 2019 Report. https://goldcopd.org/wp-content/uploads/2018/11/GOLD-2019-v1.5-FINAL-04Nov2018\_WMS.pdf

NICE COPD Quality Standards <u>https://www.nice.org.uk/guidance/gs10/resources/chronic-obstructive-pulmonary-disease-in-adults-pdf-2098478592709</u>

#### Enquiries to:

NHS Calderdale CCG: Dr N Taylor (nigel.taylor@nhs.net)

NHS North Kirklees CCG: Sarah Sowden (Sarah.Sowden2@northkirkleesccg.nhs.uk)

NHS Greater Huddersfield CCG: Dr A Handa (Anuj.handa@nhs.net)

NHS Wakefield CCG: L Chandler (lisachandler@wakefield.gov.uk)

Group responsible for development: NHS Calderdale CCG, NHS Greater Huddersfield CCG, NHS North Kirklees CCG and NHS Wakefield CCG. Cross cluster respiratory group in collaboration with The Mid Yorkshire Hospitals NHS Trust and Calderdale and Huddersfield Foundation Trust and Locala CIC.