

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 SpO₂ 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



Assess oxygen saturations using pulse oximetry (SpO₂) at least annually for all patients or 6 monthly for those with FEV₁ <1.5l or <40% predicted



SpO₂ > 92%



Refer to Stable Management Guideline

Give support



SpO₂ ≤ 92% on two separate occasions 2 weeks apart



Routine referral to Respiratory Specialist Team for full assessment and onward referral to home oxygen



SpO₂ < 85%



If Respiratory cause established Urgent referral to Respiratory Specialist Team.
If acute illness 999 referral to hospital

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 HOOFA** - next day am or pm deliveries will be sufficient and more convenient for the patient
- 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:

- SpO₂ 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 <https://www.brit-thoracic.org.uk/document-library/guidelines/home-oxygen-for-adults/bts-guidelines-for-home-oxygen-use-in-adults/>

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 <https://www.nice.org.uk/guidance/qs10/resources/chronic-obstructive-pulmonary-disease-in-adults-pdf-2098478592709>

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
(Anui.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.

Published: September 2019 Review due: September 2022 (unless clinical evidence based changes)