

# (1) Wakefield Older People with Frailty and COVID19 Care at Home - Oxygen Flow Chart

Primary or Community Care Clinicians should not routinely complete Home Oxygen Order Forms (HOOFA and IHORM). The Home Oxygen Assessment Team should be contacted in the first instance to establish if a patient may require home oxygen therapy.

This flow chart should ONLY be used when the patient / carer and GP have agreed that the patient is approaching end of life and that admission to hospital for a suspected / confirmed case of COVID is NOT in the patient's best interests. The GP agrees to support the patient in the home or Care Home. This guidance should NOT be used for patients where active treatment escalation (including hospital admission) is appropriate.

 $\label{thm:constraints} \mbox{Home oxygen considered in palliative care patients with oxygen saturation of 91\% or less.}$ 

Following discussion with the Home Oxygen Assessment Team oxygen deemed appropriate.

Exclusion criteria: patient current cigarette or e-cigarette smoker (declines to quit) OR patients who are appropriate for escalation to hospital.

People without prior history of respiratory disease and not considered at risk of CO2 retention from oxygen therapy

Oxygen prescribed at 1 to 4 litres / minute (standard concentrator). Nasal cannulae or mask.

Titrated by Home oxygen assessment team to:

Respiratory rate of 24 or less and or oxygen saturation 90% to 94%

GP to complete HOOF Part A and IHORM (including the Home Oxygen Consent Form (HOCF) on the reverse) – links to these forms on page 2 of this document - and when emailed to Baywater BHLTD.ehoof@nhs.net copy in community respiratory team email myhtr.rnt@nhs.net

People with prior history of respiratory disease and considered at risk of CO2 retention from oxygen therapy Patients with a history of Respiratory disease should be considered for oxygen therapy if SaO2 <88%

# Discussion with Home Oxygen Assessment service

To agree oxygen therapy plan and follow up by respiratory team. Which may require them to do capillary blood gas before starting oxygen

Oxygen prescribed in accordance with above discussion

Potentially at 1 to 4 litres / minute (standard concentrator). Nasal cannulae or Venturi mask 24% or 28%.

Oxygen titrated by Home Oxygen Assessment Team to:

 Respiratory rate of 24 or less and or oxygen saturation 88% to 92%

Home Oxygen Assessment Team to complete HOOF and IHORM and email to Baywater <a href="mailto:BHLTD.ehoof@nhs.net">BHLTD.ehoof@nhs.net</a>.

# If recovering:

Home Oxygen Assessment Team staff to wean off oxygen by 1litre every day- aiming to keep respiratory rate under 25 and oxygen saturation of 92% or more. - they should ensure patient is stable for 60 mins on new reduced flow rate

### If deteriorates or saturations are below 90% on oxygen 4 L/min:

Then GP instigates further appropriate palliative interventions, with support from the palliative care team as required. MYHT Specialist palliative care team 7 day service – Mon-Fri 8am-5pm weekend 8am-4pm 01924-543 801 OR bleep 249 via MYHT switchboard (01924 541 000). Out of hours please contact the on-call palliative care consultant vi MYHT Switchboard

If oxygen dependant with neither improvement or deterioration after 3 days a further discuss with Home Oxygen Assessment Team

#### How to contact the Respiratory Service for advice

If any advice is needed with regard to the prescription or on-going management of oxygen therapy eg around equipment and completing HOOFs and IHORMs, please contact:

The Home Oxygen Assessment Team 01977 747437 (Monday –Friday 08:30-17:00)

Additional Contact Numbers out of hours

Respiratory Specialist Nurse on duty via PERT 01924 541827 (Saturdays and Sundays 08:30-16:30)

The Community Respiratory Service – Home Oxygen Assessment Team will complete HOOF forms for any patients with pre-existing respiratory disease that may be at risk of Type 2 respiratory failure.

### **Keeping the Respiratory Service informed**

The Respiratory Service needs to be aware of any patient on oxygen at home. This may be patients who have been discharged from hospital, or commenced on oxygen in the community or at home this includes patients who have been given oxygen as a palliative measure. Email us on <a href="maybet-tr.rnt@nhs.net">myh-tr.rnt@nhs.net</a> to inform of all such patients.

#### **Admission avoidance**

The main reason patients will be prescribed oxygen for admission avoidance will be for symptom control in palliative care. The GP is able to prescribe this by completing a HOOF Part A form (registration is required).

GPs must also complete an Initial Home Oxygen Risk Mitigation form (IHORM) It is important that both the IHORM AND the Home Oxygen Consent Form (HOCF) on the reverse of the IHORM is completed and sent with the HOOF Part A, otherwise Baywater will reject the referral. Completed forms should be emailed to Baywater. Both forms can be found here:

http://skyline.wakefieldccg.nhs.uk/Interact/Pages/Content/Document.aspx?id=3992

Upon installation the patient/carer will be provided with a demonstration on the equipment by Baywater

### Discharge from hospital

It is anticipated that if a patient requires high levels of oxygen then they will remain in hospital until they are weaned down to 1-2 litres. The Community Respiratory Service – Home Oxygen Assessment Team will complete HOOF forms for patients prior to discharge and follow up in the community as required.

#### Ongoing management and monitoring

Visits may not be necessary from the Respiratory team for every patient, for example if they are palliative and all of their needs are being managed by the GP and Palliative Care Team. It is not always necessary to be checking oxygen saturations in palliative patients - we usually go on the respiratory rate settling <25 with oxygen and other pharmacological and non-pharmacological management of breathlessness

The Respiratory Service have telephone access to a Respiratory Consultant within MYHT each day. If any patients within Wakefield Care Homes or managed in the community would benefit from being discussed in with the Respiratory Consultant then please refer to the Community Respiratory Service- Monday to Sunday 08.30-17:00 (01924 541827) or Home Oxygen Assessment Team 08.30-17:00 Mon-Friday (01977 747437).

If the Community Nursing Team requires an urgent joint visits with the Respiratory Service then this can be accommodated. Please contact the numbers above to arrange this.

# **Home Oxygen Assessment Team**

The Home Oxygen Assessment Team continues to run a service and will accept new referrals if a patient requires oxygen. The equipment can be delivered if clinically necessary within 4 hours by Baywater, this should only be used in exceptional circumstances. The Home Oxygen Assessment Team will ensure monitoring and follow up where appropriate.

Content and document agreed by NHS Wakefield CCG Community Palliative Care Group on the 10<sup>th</sup> June 2020 Review date 1<sup>st</sup> June 2021 unless clinical evidence changes

Produced with the support of Dr Owen Johnson and MYHT Community Respiratory Service and with thanks to Charlotte Coles NHS Leeds

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