Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Home oxygen assessment

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Home Oxygen Assessment

Patient Information

Community Respiratory Team

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Why do I need oxygen?

During an assessment a health professional would have noticed your oxygen level in your blood was low either when resting or after exerting yourself and you may also have become very breathless. This is measured using a pulse oximeter placed onto your finger and this information is sent to the respiratory team requesting an assessment.

Health problems such a chest or heart conditions, can cause low oxygen levels in the blood. Sometimes medications and treatments can improve this, but if these do not help, oxygen may be needed to prevent damage to the body.

For a few patients oxygen is given for cluster headaches, in which case we will receive a consultant referral and contact you to arrange a supply. You will not require an oxygen assessment but you will require a home safety assessment.

What will happen on the assessment?

On the assessment we will take health details such as medical history and diagnosis and do observations of things like blood pressure and oxygen saturation levels with the oximeter on your finger.

If your oxygen level is less than 92% when resting and you do not have an infection we may take a small blood sample from the earlobe and analyse this if indicated. This test can be done in the home with a small machine if you are not able to leave the house. If you are not housebound a test similar to this can be done in clinic.

If your oxygen level is low when you walk we can do a mobilising test with you. Dependant on where you are (home or clinic), this assessment may be in the form of a 2 minute

stepping test or 6 minute walk test. If your oxygen saturation levels do drop and do not recover quickly, after a rest period this may be repeated on an oxygen supply through a cylinder.

For the walking test you will need flat shoes or trainers, have your inhalers with you and your red GTN spray (if you have angina) please make sure they are not out of date.

What will happen next?

If you do not require an oxygen supply we will most likely discharge you unless there is any need for further assessment.

If you do need oxygen and if there are no safety concerns with providing an oxygen supply in the home, we will explain what equipment can be provided to meet your medical needs. However we may arrange to repeat some of the assessment at a later date first and will not provide oxygen if there is smoking in the home due to the fire risks. This will be explained during the assessment and you will be given a safety leaflet.

We will also gain consent to share information with the supplier before an oxygen supply can be provided: if you cannot do so a family member or doctor will be asked to sign this form in your best interest if there is a medical need for the oxygen and you are unwell.

If longer term support is required this will be arranged.

What equipment will I receive?

Fig 1 Concentrator



If the blood test indicates you need supplementary oxygen, this will be recommended for a period of 16 to 24 hours a day. This may be a long term treatment depending on your results and advice of your respiratory nurse. This is provided through a machine called a concentrator that uses air from around it. The air then goes through a special filter removing other gases and oxygen is delivered. Tubing from the machine is attached to either a nasal cannula with prongs going into your nose or a mask.

Figure 2 Nasal Cannula



It does not store oxygen as oxygen is continuously created, but it will require an electricity supply to do so. A back-up cylinder is provided with this for safety in case of electricity failure.

Figure 3 Portable cylinder



If your oxygen levels drop during the walk test and recovery is slow a portable supply of oxygen, usually a cylinder, will be offered. You will be provided with a bag to carry it or a trolley. If you are not able to leave the house, for housebound patients we are likely to offer a concentrator.

Cluster headache patients are provided with a large cylinder with a high flow oxygen mask. Each piece of equipment is advised and chosen based on how much you will need it, the benefit versus the risk e.g. slipping and your ability to be able to use the equipment.

What follow up will I receive?

As oxygen use needs to be monitored to keep you and everyone else safe, you will be offered regular appointments for reviewing your needs. This may be initially after 3 months then every 6 months, with a yearly blood test for those using oxygen 16 hours or more. This can alter if things change such as a need to increase the oxygen, but will be explained.

A home safety check is also undertaken within 4 weeks of receiving the equipment to check there are no risks such as from fire or tripping. The oxygen supply company will show you how to use the equipment, leave you with an information pack and are available via a 24 hour helpline for advice if you have any queries about your equipment.

If you are seen in your home we will call in the morning to check we can still come and try to give an AM or PM time for coming to your home. We apologise in advance for any times we are not able to come to see you as sometimes we are asked to see urgent cases within 24 hours and this can affect our caseload. Also due to current restriction with COVID, face to face visits may not be advised and a telephone review may be done instead.

Contact Details

To contact a community respiratory nurse call Boston House Respiratory Team on telephone: 01942 482230 Monday to Friday 9am until 5pm and leave a message or email: wwl-tr.commrespiratory@nhs.net. This will be monitored by admin staff who will ask someone to call you back.

COPD unit in the hospital Monday to Friday 9am until 5pm telephone: 01942 822231

Although we try to contact you within 24 working hours, please be aware this may not be on the same day and we do not currently have a weekend service.

For medical emergencies you must call either NHS 111 or if urgent 999 if you have chest or severe pain, severe breathlessness at rest not relieved by your medication or cough/vomit up any blood.

Acknowledgements

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