OXYGEN ON DISCHARGE

OBJECTIVE

- To put an effective plan in place to allow oxygen-dependent babies to be cared for safely at home

INDICATIONS FOR HOME OXYGEN THERAPY

- Chronic lung disease with ongoing demand for additional inspired oxygen [see British Thoracic Society (BTS) guidance]

Criteria

- Clinically stable on oxygen therapy via nasal cannulae for ≥2 weeks
- SpO_2 ≥93% after 36 weeks' gestation on <0.5 L/min oxygen (if ≥0.5 L/min oxygen requirement at term then refer to paediatric respiratory team)
- Cyanotic congenital heart disease: a lower value may be appropriate, set threshold on an individual basis (liaise with paediatric cardiologists)
- Overnight pulse oximetry study when on stable oxygen for 1 week before discharge (see BTS guidelines):
  - mean SpO_2 ≥95% without frequent periods of desaturations
  - SpO_2 ≥90% for >96% of the artefact-free recording period
- If using <0.5 L/min ensure baby able to cope with short periods in air in case nasal cannulae become dislodged
- Routine continuous oxygen monitoring discontinued
- Thermo-control well established
- Feeding orally 3–4 hrly and gaining weight
  - some babies may require tube feeding, if all other criteria are met, this should not hinder discharge
- Final decision on suitability for discharge lies with consultant

PREPARATION FOR DISCHARGE

Make arrangements with parents

- Discuss need for home oxygen with parents
- Obtain consent for home oxygen supply and for sharing information with oxygen supplier. This is obligatory before supplier can be contacted with patient details
- Arrange multidisciplinary meeting 1 week before discharge with parents/carers, community nurse, health visitor and member of NNU
- Car seat challenge
- Arrange discharge plan (see **Discharge** guideline)

Parent training

- Resuscitation techniques (2 adults)
- No smoking in the house or anywhere in baby's environment
- Recognition of baby's breathing pattern, colour and movements
- Use of oxygen equipment (2 adults)
- Competence in tape application for nasal prongs and skin care (water-based emollients)
- What to do in case of emergency:
  - contact numbers
  - direct admission policy
  - fire safety and insurance advice (car and home)
- Discuss DLA/blue badge advantage

Organise oxygen

- Prescribing clinician to complete Home Oxygen Order Form (HOOF) on OxyShop (www.oxyshop.org) with risk assessment
- ~~Do not send home on <0.1 L (even if on <0.1 L in NNU. See BTS guidelines). Aim for early overnight oximetry (4 weeks) to ascertain if baby still requires oxygen~~

Discharge checklist

- Discharge plan implemented (see **Discharge** guideline)
- Plan discharge for beginning of week to ensure community staff available in event of problems at home
- Oxygen supply and equipment installed in the home
- Baby will go home on prescribed amount of oxygen; this may be altered on direction of medical or nursing staff, or in event of emergency
- GP and other relevant professionals (also fire and electricity companies, although oxygen supplier usually does this) informed of date and time of discharge
- Community team briefed to arrange home visit well in advance of discharge to ensure conditions suitable and equipment correctly installed
- Parents/carers trained to care for baby safely at home and have support contact numbers
- Open access to paediatric ward

AFTERCARE

- As oxygen-dependent babies (e.g. chronic lung disease) are at increased risk of contracting respiratory syncytial virus (RSV), give palivizumab and influenza vaccine (see **Immunisations** and **Palivizumab** guidelines)
- Refer to local guidelines for follow-up