### Oxygen Risk Assessment

**Name of Assessor:** ___________________________

**Position:** ___________________________________

**Location:** ___________________________________

**Date:** ___ / ____ / _______

---

**Patient Details:**

---

**Risk to Installing Oxygen**

<table>
<thead>
<tr>
<th>Trip / Falls</th>
<th>Pt discussion / Home visit</th>
<th>Yes / Detail</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>– mobility/balance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– vision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– environment e.g. clutter, stair lift, hoarding</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Current Smoker? (Cigarettes/Cannabis etc)**

- CO monitor – level?
- Evidence of burns – self, furniture?
- E-cigarettes?

**Other smokers in property?**

**Ex-smoker?**

- No. of weeks - how confirmed?
- CO monitor – level?
- Patient said so?
- Home visit confirmation?
- Evidence of burns – self, furniture?

**In process of Quitting Smoking?**

- Progress – how confirmed?
- CO monitor reading reducing?
- Stop Smoking Services involved?
- Patient follows advice on smoking near oxygen?

**Vulnerable dependents in residence?**

- children / frail elderly

**Bed Bound / Wheelchair dependent?**

**Cognitive impairment?**

**Addictions? – Alcohol / drugs / cannabis**

**Lives alone?**

**Multiple occupancy building?**

**Open fires?**

**Cooking – gas?**

**Smoke Alarm in situ?**

**Storage of oxygen equipment issues?**

---

**Comments:** ..........................................................................................................................  
..................................................................................................................................................  
..................................................................................................................................................  
..................................................................................................................................................  
..................................................................................................................................................

---

**Outcome:**

- **Oxygen Ordered** □ (HOOF attached)
- **Decision discussed with patient** □
- **Oxygen deferred / refused at present due to risk / other** □