

OXYGEN ON DISCHARGE

OBJECTIVE

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

INDICATIONS FOR HOME OXYGEN THERAPY

- Chronic lung disease with ongoing demand for [additional](#) inspired O₂

Criteria

- Clinically stable on oxygen therapy via nasal cannulae for ≥ 2 weeks
- SaO₂ >92% (after 32 wks gestation and risk of retinopathy of prematurity passed) on <0.5 L/min oxygen
- cyanotic congenital heart disease: a lower value may be appropriate, set threshold on an individual basis
- Ensure baby able to cope with short periods in air in case their nasal cannulae become dislodged, applies to those in <0.5 L/min
- Routine continuous oxygen monitoring discontinued including at feeding, awake and sleeping times, apart from checks at 4 hrly intervals twice weekly before discharge
- Thermo-control well established
- Feeding orally 3-4 hrly and showing positive weight gain
- 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 multi-disciplinary meeting one week before discharge with parents/carers, community nurse, health visitor and member of neonatal unit
- Arrange discharge plan. See **Discharge** guideline

Parent training

- Resuscitation techniques
 - no smoking in the house or anywhere in baby's environment
- Recognition of baby's breathing pattern, colour and movements
- Use of oxygen equipment
- What to do in case of emergency
 - contact numbers
 - direct admission policy

Organise oxygen

- Prescribing physician to complete Home Oxygen Order Form (HOOF)
- fax completed form to appropriate supplier
- send copies of form to:
 - GP
 - appropriate PCT
 - clinical home oxygen lead for appropriate trust
 - Children's Home Oxygen Record national database (with parents' consent)
- file original in patient notes

Discharge checklist

- Discharge plan implemented (see **Discharge** guideline)
- Plan discharge for beginning of week to ensure staff available in event of problems
- 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

AFTERCARE

- As oxygen dependant babies are at increased risk of contracting respiratory syncytial virus (RSV), give palivizumab and influenza vaccine (see **Immunisation** guideline)

Community team will advise when baby ready to be weaned off oxygen