

# Standard Operating Procedure: Acute Illness still requiring Oxygen at home.

Hospital @ Home

Procedure Date e.g. (2020/2023)

Procedure Version e.g. (V1.5)

April 2020

*This document remains valid whilst under review*

TARGET AUDIENCE (including temporary staff)	
<b>People who need to know this document in detail</b>	All H@H staff that look after Patients in their own homes. Clinical and Operational leads. BSUH Respiratory team, BSUH Matrons
<b>People who need to have a broad understanding of this document</b>	Clinical service managers SCFT Service Director BSUH Matrons BSUH
<b>People who need to know that this document exists</b>	Clinical directors SCFT/BSUH Caldicott Guardian

Procedure Author/ Reviewed by: Hospital@ Home Clinical and Operational lead, SCFT lead pharmacist, Respiratory Consultant BSUH, Community Respiratory team

Approved by: Medicines Safety & Governance group SCFT Date: 11/05/2020

Approved by: Medicines Governance group BSUH Date: 01/06/2020

Ratified by: Silver Command SCFT Date: 11/06/2020

Expiry date: May 2023

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## VERSION CONTROL

Record of Document Changes		
Date	Version	Changes / Comments
01/11/2018	1.0	Written by Operational and Clinical lead nurses for H@H. First version never ratified due to no demand.
22/04/2020	1.1	Amendment: Review of SOP to be utilized for Covid 19 patients in the community
June 2020	1.2	Information added regarding protection of patient information and that patients are able to opt out of the remote monitoring at any time.
July 2020	1.3	Blank Pages removed, page numbers corrected, appendices placed in correct order.
November 2020	1.4	Exclusion criteria amended with respiratory team agreement to only exclude patients who are requiring >6l O2 on exertion.
January 2021	1.5	Introduction clarified to ensure that patients with pre-existing respiratory disease are included Amended sentence 1.2 to remove exclusion of pre-existing respiratory disease Inclusion criteria amended 2.2 to exclude non East Sussex patients Amendment to 2.5 devices used description to include use of Pulse Oximeters as well as My Current Health devices Amendment to 2.7 discharge to community respiratory team timescales

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## 1. INTRODUCTION

Hospital @ Home (H@H) is a service that provides administration of patient treatment in a setting away from hospital.

The target patients for this standard operating procedure are those with acute illness (e.g. Pneumonia and/or Covid-19), without a pre-existing chronic lung disease and whose SpO<sub>2</sub> (oxygen saturation) has not recovered to an acceptable baseline. Please refer to exclusion criteria (2.3)

These patients may appear clinically stable and may not have raised inflammatory blood markers. Nevertheless, they remain hypoxemic and will require monitoring with the aim of weaning off oxygen for a further period of time.

Ongoing hypoxaemia may be an indication of pre-existing disease and indications of this should be considered when agreeing target SpO<sub>2</sub>.

Prior to H@H this would result in clinically stable patients requiring additional days in hospital unnecessarily. Hospital at home is able to provide this in the community.

### 1.1 Purpose

The purpose of providing H@H for this cohort of patients is to reduce length of inpatient stay, prevent hospital-acquired infections and encourage daily activities in their usual environment, and wean completely off oxygen.

### 1.2 Scope

This document covers the weaning from oxygen by the H@H Team of patients following admission to BSUH for Covid-19

### 1.3 Definitions

H@H	Hospital at Home
CNS	Clinical Nurse Specialist
IV	Intravenous
FBC	Full blood count
CRP	C-reactive protein
U&E	Urea & Electrolytes
LFTs	Liver function test
Obs	Baseline observations
SpO <sub>2</sub>	Oxygen saturations
RR	Respiratory rate
HR	Heart rate

T°	Temperature
Abx	Antibiotic
CRS	Community Respiratory Team
HOS	Home Oxygen Service

## 2. MAIN BODY OF DOCUMENT

### 2.1 Key Principles

Patients with an acute illness (e.g. Pneumonia/Covid-19) are assessed in hospital, by the respiratory team.

Potential suitability for H@H is a BSUH respiratory consultant-led decision.

BSUH Respiratory team in will assess home oxygen equipment requirements and order this to be put in place for patient home prior to be discharged.

Risk assessment for home oxygen will be completed by BSUH respiratory medical prescriber/respiratory nurse specialist.

H@H will be able to use a dynamic risk assessment when the patient is at home.

Appropriate investigations should be planned or have taken place to establish chronic disease and therefore appropriate referrals made.

H@H will contact the referring BSUH team/consultant for any clinical concerns. Review dates to be scheduled at the point of discharge from BSUH.

Hospital at home patients are listed on a virtual ward, remain on the BSUH respiratory consultants ward list and are their clinical responsibility. Informed medical advice can be given if there were concerns or issues during their treatment.

All staff will follow PPE policies in line with local trust guidelines outlined on the intranet.

### 2.2 Inclusion Criteria

- Patient aged 18 or over
- Persistent hypoxaemia, either at rest or on exertion. Target SpO2 will be agreed by referring BSUH consultant on case by case basis
- Suitable for oxygen at home (risk assessment undertaken by the referring BSUH respiratory consultant prior to discharge the patient at home)
- Registered with General Practitioner
- H@H catchment area is Within BSUH catchment area predominately within Brighton and Hove however patients outside this area but within East Sussex will be considered depending on capacity within the service

- Medically stable
- Has mental capacity to consent to treatment or treatment is deemed in medical best interest as per Mental Capacity Act (10)
- Follow up appointment arranged – this may be a virtual appointment
- Any social care arrangements organised prior to discharge

### **2.3 Exclusion Criteria**

- Patient aged below 18 years
- Unable to cope at home
- Cyanosis, confusion, breathlessness with RR>25/minute, temperature>38 degrees Celsius or any of the following respiratory conditions:
- Lacks Mental Capacity to comply with treatment
- Patient's requiring >4L per minute or >28% FiO<sub>2</sub> at rest and >6l/min or 31% FiO<sub>2</sub> on exertion, to achieve the target Saturations. However patients with a higher FiO<sub>2</sub> on exertion, may be considered on a case by case basis in discussion with the BSUH consultant and H@H
- Resting SpO<sub>2</sub> <90% either on air (if monitoring only patient) or on agreed oxygen FiO<sub>2</sub>, with no underlying COPD. Resting SpO<sub>2</sub> <88% in patients with COPD.
- No clear respiratory plan
- No follow up arranged
- Unmet social needs
- Patients requiring End of Life Care or those actively dying

### **2.4 Admission and referral Process**

- H@H Nurses keep regular contact with BSUH respiratory team and in-reach to BSUH to identify appropriate patients
- H@H referral made by ward following BSUH respiratory consultant decision. BSUH respiratory team contact H@H coordinator to discuss capacity
- H@H will agree to accept the referral in terms of their capacity, the home circumstances and patient safety issues
- Home oxygen has to be prescribed following risk assessment by the referring BSUH respiratory consultant or Respiratory Nurse Specialist guided by the basic recommendations made in this document

- Oxygen paperwork requires completion by the discharging team or specialist nurse in order to install oxygen to patients home address: HOOF part A (to be sent to Dolby vivisol. Hoof.dv@nhs.net)
- IHORM (Risk mitigation form), HOCF (Consent to share information), Oxygen Safety agreement (to be sent to H@H via email sc-tr.h.hteam@nhs.net)
- If capacity agreed, the patient is referred to the H@H referral management hub via email on referralmanagement.brighton-hove@nhs.net
- Patients will be discharged with appropriate TTO's (to take home) and Home oxygen already in place. Oxygen concentrator to be equipment of choice. Additional equipment to be ordered by H@H team in conjunction with HOS

## 2.5 Monitoring

Patients accepted by the service will be clinically triaged to inform the service which monitoring device is most applicable for the patient.

Devices used will include either a Pulse Oximeter, which enables the patient to safely self-monitor SpO2 manually and report directly to the H@H team if the SpO2 levels vary from agreed parameters. Alternatively, if the patient has been assessed as requiring increased monitoring they will be issued with a 'Current Health' wearable device, enabling automatic and more comprehensive observation.

### Current Health wearable device

Current Health wearable devices enable the patient's observations, which include the pulse, respiration rate, body temperature, oxygen saturation, to be recorded throughout the day whilst the patient is wearing the Current Health wearable device. The information from the device is sent wirelessly and securely from the device via mobile network to the Current Health App. The information is shared from the Current Health App with SCFT staff from H@H who will record the observations in to the patient's health record. The health data will be used to ensure the patient will have effective monitoring of their care remotely and in person. The patient is free to un-enrol from this pilot at any time; however, this will prevent H@H from doing remote observations and may affect the care we can provide.

The H@H staff member will:

- Monitor all the patients as per weaning plan, visits to be planned as per patients' clinical needs and condition; however this consultation can be virtually if the condition of the patient allows
- Those patients who use the remote monitors will be required to wear the monitor for 12 or 24 hours dependant on their consultants plan.

- H@H will not be continuously monitoring the patients with the device; the data from the device will be checked daily for a trend to facilitate weaning of oxygen.
- If the patient feels unwell, they must call the numbers provided in the leaflet, if it is between 07.00-20.00 hrs the H@H team will review the data virtually and escalate accordingly.
- H@H will not be continuously monitoring the data, patients must be fully aware that they need to call if they feel unwell.
- Check temperature, blood pressure, respiratory rate, heart rate and SpO2 (oxygen saturation to be taken at rest and on exertion, with and without oxygen)
- Check symptoms such as, breathlessness, sputum, pain
- Assess the home environment for risks around home oxygen at each visit.
- Check equipment is meeting needs of patient
- Feedback to the BSUH respiratory consultant for any clinical concern
- Band 3 or Band 4 Practitioners competent in observation skills can visit in between nursing visits if required
- According to patient need the clinical observations can be monitored remotely using a remote monitoring device. The frequency of the consultation will be decided by the coordinator according to the patients' clinical condition
- Every Monday the patient will have bloods taken by H@H if requested by BSUH Consultant

## **2.6 Virtual round**

- H@H coordinator will liaise with referring BSUH's respiratory consultant weekly or sooner if clinically concerned. Potential time for Virtual Ward Round is Tuesday 13.00
- Clinical responsibility of the patient remains with the referring BSUH respiratory consultant. The Patient should be reviewed weekly by parent team virtual ward round as an outlier and remain on handover lists. Patient will be handed over to medical staff on call out of hours
- Virtual ward round to consist of H@H coordinator, BSUH consultant and Home Oxygen Service Practitioner

## **2.7 Discharge and follow up**

- Upon successful weaning of oxygen according to the initial parameters set, patient to be discussed as per BSUH respiratory consultants' decision and discharged from the care of hospital at home
- The patient will be removed from the 'virtual ward' patient list and from Medway (electronic caseload/live bed state)

- Future follow up will be organized by BSUH's respiratory Consultant in the form of an outpatient appointment, or virtual appointment or home visit according to the consultant decision and the patients clinical needs
- If the patient has not weaned within 4 weeks they will be handed over to the Community Respiratory Service in Brighton and Hove, for patients in other areas, who are not under the care of a B&H GP the handover to community respiratory services would be 6 weeks
- If the patient has weaned successfully they will be discharged and not be referred onto CRS unless there is a respiratory condition that CRS commissioned for example Interstitial Lung Disease

### 3. RESPONSIBILITIES

The **Chief Executive** has ultimate responsibility for the organisation and is supported by the Executive Directors.

The **procedure author** is responsible for ensuring the procedure follows the appropriate Trust format and complies with the recognised development, consultation, approval and ratification process.

**Service managers / team leaders** are responsible for promoting and implementing the procedure.

**All staff** are required to complete in full and as directed any templates or proformas as instructed, for use as part of this procedure.

### 4. MONITORING COMPLIANCE

Compliance with the procedure will be monitored by H@H Documentation Audit and by feedback from the stakeholders, including BSUH consultants and the H@H nursing team.

H@H Clinical Lead will be responsible for monitoring compliance.

Monitoring will take place at least monthly or as required if a need is identified.

This compliance information will be reported to the H@H Clinical Service Manager for escalation and the BSUH Respiratory Teams.

### 5. DISSEMINATION AND IMPLEMENTATION

This procedure will be made available on the intranet and communicated via H@H and Reparatory Virtual Ward Rounds.

The patient leaflets will be offered to the patients on the first contact with H@H.

The Trust offers translations of all essential leaflets for patients in all major languages, plus Braille, easy read, large print and audio formats.

This procedure will be made available on the intranet, and publicised through Contact (the Trust internal electronic newsletter).

## 6. Associated Documents and References:

O'Driscoll BR, Howard LS, Earis J on behalf of the BTS Emergency Oxygen Guideline Development Group, *et al*

British Thoracic Society Guideline for oxygen use in adults in healthcare and emergency settings  
BMJ Open Respiratory Research 2017;4:e000170. doi: 10.1136/bmjresp-2016-000170

National Institute for Health and Care Excellence 2020, *Oxygen*, National Institute for Health and Care Excellence, viewed 30 May 2020, <https://bnf.nice.org.uk/treatment-summary/oxygen.html>

## 7. CONSULTATION, APPROVAL, RATIFICATION & REVIEW

The following have been consulted in the writing/email of this procedure:

Silver Command SCFT	SCFT Silver Command	Y
Marcello Rossi	Clinical Lead H@H	Y
Sara LIGHTOWLERS	Medical Director SCFT	Y
Clinical Pathways Group BSUH	Clinical Pathways Group BSUH	Y
Medicines Safety & Governance group SCFT	Medicines Safety & Governance group SCFT	Y
BSUH Respiratory Consultants	May 2020	Y
Community Oxygen and COPD Nurse Specialist	May 2020	Y
Medicines Management (Virtually)	May 2020	Y
Area Head of Nursing and Governance	May 2020	Y

The SCFT Chief Pharmacist reviewed this document prior to ratification.

This document will be reviewed every 3 years by the H@H Clinical Lead.

## **8. Appendices**

1. H@H Leaflet
2. O2 weaning plan for individual patients
3. Out of hours escalation
4. HOOF Part A
5. IHORM Risk Assessment and Consent to Share
6. Oxygen Safety Agreement
7. Patient Leaflet

Many people may prefer to be cared for at home rather than in hospital. To make this possible we have designed the *Hospital@home* service, which provides a variety of care services that will support you in your own home. This service will help you return home sooner with extra support

This leaflet explains what the *Hospital@Home* service is and how it works. If you have any further questions, please speak to a member of the team caring for you

## How to contact us

Hospital @ Home Team  
07:00 – 20:00 h  
**07785 66 10 04**

Out of hours (20:00 – 07:00)  
**01903 25 47 89**

### We want your feedback

We aspire to meet your needs and enable your fast recovery. In order for our services to continue to deliver good quality care, we would welcome feedback.

Please contact us with your comments:

Patient Advice and Liaison Services (PALS)  
Services Experience Team  
Sussex Community NHS Foundation Trust  
FREEPOST (BR117)  
Elm Grove, Brighton, BN2 3EW

Phone: 01273 32 33 92

E-mail:

sc-tr.pals@nhs.net and  
bsuh.pals@nhs.net

Website:

[www.sussexcommunity.nhs.uk/pals](http://www.sussexcommunity.nhs.uk/pals)

### Useful contact numbers

#### **Pharmacy Medicine Helpline**

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline:

*Mon-Fri, 10-17h*

*Phone: 01444 45 43 88*

#### **NHS 111**

Offers medical help and advices from fully trained advisors supported by experienced nurses and paramedics

*24 h every day. Phone: 111*

#### **Sharps Disposal**

Brighton&Hove: *01273 24 20 77*

Uckfield: 01892 65 33 11

Burges Hill: 0144 44 58 16

Havens+Lewes+Eastbourne: 01273 47 16 00

(opt 4, opt 2)

Dear Patient

You have been discharged home from hospital under the care of the Community Hospital at Home Service (H@H) which is managed by the Sussex Community NHS Foundation Trust

The H@H service will support you by remotely monitoring your breathing and Oxygen levels and providing regular contact to ensure you are recovering well and as expected following your recent illness

H@H will contact you once a day to monitor and to assess your progress either via telephone or video call. During this contact we will be asking a series of question about your health, well-being and we will try to answer any concerns that you may have.

You will have been assessed to be monitored and supported in one of two ways, and will have either:

### **Pulse Oximeter Device**

This is a small device which you will clip onto your finger, which measures the amount of Oxygen in your blood. You will be asked to take this measurement 3 times a day and keep a record of the results. The H@H team will call you each day at a pre-arranged time, and they will ask you what the results have been, and use this along with general questions about how you are feeling to ensure you are recovering as planned

### **Remote Monitoring Device**

The Remote Monitoring Device, the service uses is a compact device which you will need to wear 24 hours a day and this will provide the service with information about your Oxygen levels as well as other health information such as your pulse rate. You will need to have Wi-Fi access at home in order for this device to work

### **Your care plan:**

A nurse will visit you on your first day at home to set up the equipment and give you instructions so that you will feel confident with what you need to do. With the device safely set up, you will probably not require any further face to face visits at home, but a nurse will contact you daily to look at your readings and discuss any issues or concerns you have about your recovery and treatment

### **What if I have Concerns:**

The H@H Service operates 7 days a week from 08:00 to 20:00 hours each day

**Please see next page on who to contact if you have concerns**

H@H will not be continuously monitoring your electronic devices; but the data from them will be checked by a nurse and will be used to see how your body is recovering and to monitor your general condition, and if you were discharged with Oxygen, it will also help determine the correct time to start reducing the amount of Oxygen you require.

**So if you have concerns about your health or you start to feel unwell, with symptoms such as:**

- You slowly start feeling more unwell or more breathless for two or more hours.
- You are having difficulty breathing when getting up to go to the toilet or similar.

- You sense that something is wrong (general weakness, extreme tiredness,
- You experience loss of appetite, reduced urine output (passing water less frequently)
- Or are becoming unable to care for yourself, and managed simple tasks such as getting washed and dressed or making food and drinks

**You must contact the service as soon as possible to discuss your concerns**

**H@H service by telephone:**

**08:00 to 20:00 ~ Telephone H@H on 07788 772701**

**Out of these hours your call will be taken by a clinical telephone advice team 'One Call'**

**20:00 to 08:00 hours ~ Telephone Coastal One Call on 01903 254789**

**If you feel very unwell with symptoms such as:**

- You are unable to complete short sentences at rest due to breathlessness.
- Your breathing suddenly worsens within an hour.
- You cough up blood
- You develop blue lips or a blue face
- You feel cold and sweaty with pale or blotchy skin
- You develop a rash that does not fade when you roll a glass over it
- You collapse or faint
- You become agitated, confused or very drowsy
- You have stopped passing urine

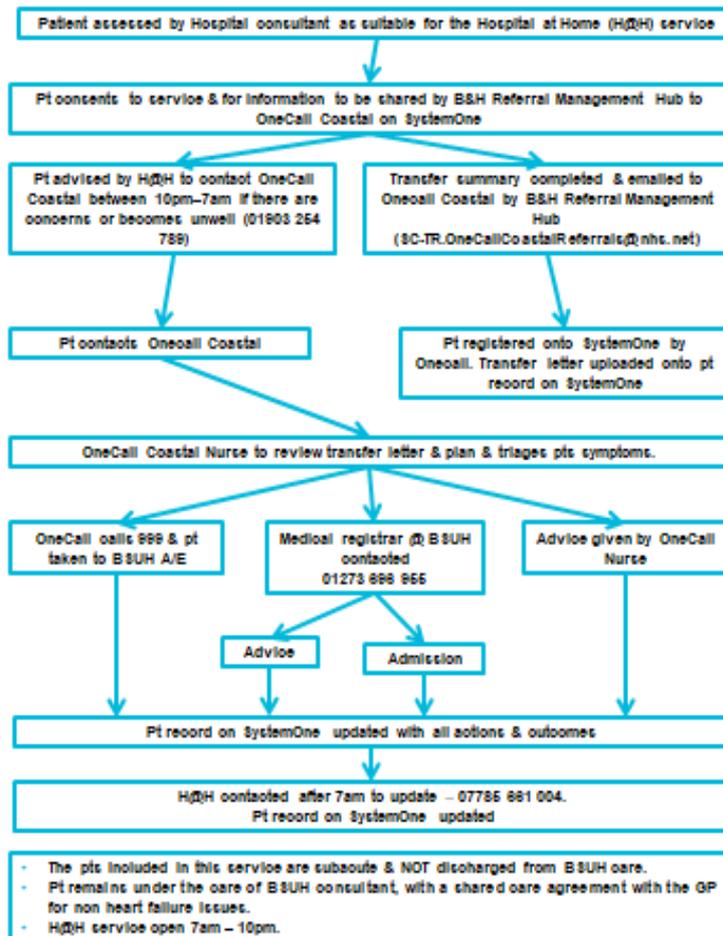
**You must call 999**

Please take the opportunity to ask any questions about your planned care or concerns you may have about your care with the nurse who comes to set up your equipment on the first visit

We wish you a speedy recovery

Best wishes from the H@H service





HOOF PART A

**Part A (Before Oxygen Assessment – Non-Specialist or Temporary Order)**

All fields marked with a '\*' are mandatory and the HOOF will be rejected if not completed

1. Patient Details					
1.1 NHS Number*		1.7 Permanent address*		1.9 Tel no.	
1.2 Title				1.10 Mobile no.	
1.3 Surname*				2. Carer Details (if applicable)	
1.4 First name*				2.1 Name	
1.5 DoB*				2.2 Tel no.	
1.6 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	1.8 Postcode*		2.3 Mobile no.	
3. Clinical Details			4. Patient's Registered GP Information		
3.1 Clinical Code*		4.1 Main Practice name:*			
3.2 Patient on NIV/CPAP	<input type="checkbox"/> Yes <input type="checkbox"/> No	4.2 Practice address:			
3.3 Paediatric Order	<input type="checkbox"/> Yes <input type="checkbox"/> No	4.3 Postcode*		4.4 Telephone no	
5. Assessment Service (Hospital or Clinical Service)			6. Ward Details (if applicable)		
5.1 Hospital or Clinic Name:			6.1 Name:		
5.2 Address			6.2 Tel no.:		
5.3 Postcode:			6.3 Discharge date: / /		
5.4 Tel no:					
7. Order*		8. Equipment*		9. Consumables*	
		For more than 2 hours/day it is advisable to select a static concentrator		(select one for each equipment type)	
Litres / Min	Hours / Day	Type	Quantity	Nasal Canulae	Mask % and Type
		8.1 Static Concentrator <small>Back up static cylinder(s) will be supplied as appropriate</small>			
		8.2 Static Cylinder(s) <small>A single cylinder will last for approximately 8hrs at 4l/min</small>			
10. Delivery Details*					
10.1 Standard (3 Business Days) <input type="checkbox"/>		10.2 Next (Calendar) Day <input type="checkbox"/>		10.3 Urgent (4 Hours) <input type="checkbox"/>	
11. Additional Patient Information			12. Clinical Contact (if applicable)		
			12.1 Name:		
			12.2 Tel no.		12.3 Mobile no.

### 13. Declaration\*

I declare that I am the registered healthcare professional responsible for the information provided, the information given on this form for NHS treatment is correct and complete. I understand that if I knowingly provide false information, I may be liable to prosecution or civil proceedings.

\* I have completed/ or confirm there is a previously signed copy of the Home Oxygen consent form **HOCF**  **AND**

The Initial Home Oxygen Risk Mitigation Form **IHORM**

Name:	Profession:	
Signature:	Date:	Referred for assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No

Fax back no. or NHS email address for confirmation / corrections:

### 14. Primary Clinical Code

CO DE	Condition	CO DE	Condition
1	Chronic obstructive pulmonary disease (COPD)	11	Neuromuscular disease
2	Pulmonary vascular disease	12	Neurodisability
3	Severe chronic asthma	13	Obstructive sleep apnoea syndrome
4	Interstitial lung disease	14	Chronic heart failure
5	Cystic fibrosis	15	Paediatric interstitial lung disease
6	Bronchiectasis (not cystic fibrosis)	16	Chronic neonatal lung disease
7	Pulmonary malignancy	17	Paediatric cardiac disease
8	Palliative care	18	Cluster headache
9	Non-pulmonary palliative care	19	Other primary respiratory disorder
10	Chest wall disease	20	Other If no other category applicable

## Initial Home Oxygen Risk Mitigation Form (IHORM) and Home Oxygen Consent Form (HOOF) for new patients only .

**BOTH FORMS MUST BE COMPLETED AND SIGNED BEFORE OXYGEN CAN BE INSTALLED.**

**DO NOT SEND FORMS TO SUPPLIER FORMS WILL BE PLACED IN PATIENT NOTES**

**THERE ARE CONFIRMATION BOXES ON THE HOME OXYGEN ORDER FORMS.**

Oxygen can pose a risk of harm to the user and others in the event of fires, falls and inability to use complex equipment. The initial identification and onward communication of these risks is the responsibility of the health care professional ordering the oxygen and remains so until that prescription ceases or is superseded. The table below reflects risk factors that are based on evidence of real life serious and untoward incidents, 90% of which are smoking and e-cigarette/charger related.

The Initial Home Oxygen Risk Mitigation (IHORM) is to be completed in conjunction with the Home Oxygen Consent Form (HOOF) prior to oxygen being ordered from the oxygen supplier via the Home Oxygen Order Form (HOOF). **It is the responsibility of the registered health care professional who is gaining consent to complete and add the IHORM with the HOOF and HOOF to the patient's notes. If all documents are not confirmed as being completed in full the Home Oxygen Order cannot be fulfilled.**

If the risks identified on the IHORM indicate significant levels of risk the patient should be discussed directly with the local Home Oxygen Service or Clinical Oxygen Lead for a full risk assessment prior to oxygen being ordered as recommended in the British Thoracic Home Oxygen Guidelines June 2015. **Regardless of risk or diagnosis all adult patients should be referred the Home Oxygen Assessment and Review Service (HOS-AR) for the team to determine next steps if deemed relevant.**

**If any responses below fall within a shaded box, please refer to the Required Action column and supporting notes.**

All actions should be explained to the patient and why they are being taken in line with service contracts. Ensure that both verbal and written information has been given to the patient or their representative

Patient Name		DOB		
Address		Oxygen requested?	<b>Yes - Sending HOOF No - Risk is too high</b>	
Recorded at	Please indicate:- Hospital / Clinic / Home / other location	NHS No		
<b>Risk Level</b>	<b>Risks</b>	<b>No</b>	<b>Yes</b>	<b>Required Action</b>
<b>HIGH</b>	Does the patient smoke cigarettes / e-cigarettes?			If a High Risk is identified (shaded box), <b>It is highly recommended that oxygen is not requested without referral to Home Oxygen Assessment and Review Service (HOS-AR) or Respiratory Specialist or support services e.g. falls team, stop smoking service,</b>
	Have they smoked in the last 6 months? Quit date.			
	Does anyone else smoke at the patients premises?			
	A recent history of drug or alcohol dependency?			
	Patient reported they have had a fall in the last 3 months?			
	Have they had previous burns or fires in the home?			
Does the person have identified mental capacity issues?				
<b>MODERATE</b>	Can the patient leave their property un-aided?			If 3 or more risks are identified (shaded box), <b>It is highly recommended that oxygen is not requested without referral to HOS-AR or Respiratory Specialist or support services e.g. stop smoking service,</b>
	Is the patient or any dependents/ in the property vulnerable? E.G. disabilities/ children			
	Do they live in a home that is joined to another?			
	Patient reports they have working smoke alarms at home? (if unknown please state no)			
	Do they live in a multiple occupancy premises (Bedsit/flat)			

**Mitigation actions taken e.g. contacted falls team Referred to Fire and Rescue**

Declaration I confirm that I am the healthcare professional responsible for the care of this patient. I have discussed the risks listed on this form with the patient/carer/ guardian (delete as necessary) and from the responses given Oxygen can/cannot (delete as necessary) be requested at this time.

Clinicians Signature		Profession	
Print Name		HOS team	Yes / No
Contact No.		Date	
Lead Consultant is	(Hospital Discharge only)		

## 6) Patient agreement to sharing information



<b>Form issued by:</b>			
<b>Unit/Surgery</b>		<b>Address</b>	
<b>Contact name</b>			
<b>Tel no.</b>			
<b>Email</b>			<b>Postcode</b>

<b>Patient</b>			
<b>Name</b>		<b>Address</b>	
<b>D.O.B.</b>			
<b>NHS number</b>			
<b>Tel/mobile no.</b>			<b>Postcode</b>
<b>E-mail</b>		(only include if the patient agrees to email contact)	

My doctor or a member of my care team has explained the arrangements for supplying Oxygen at my premises, that my personal information will be managed and shared in line with the Data Protection Act 1998, Human Rights Act 1998, and common law duty of confidentiality and I understand these arrangements, such that:

1. Information about my condition/condition of the patient named above\* will be provided to the Home Oxygen Service (HOS) Supplier to enable them to deliver the Oxygen treatment as per the Home Oxygen Order Form (HOOF).
2. The HOS Supplier will be granted reasonable access to my premises, so that the Oxygen equipment can be installed, serviced, refilled and removed (as appropriate).
3. Information will be exchanged between my hospital care team, my doctor, the home care team and other teams (e.g. NHS administration) as necessary related to the provision, usage, and review, of my Oxygen treatment, and safety.
4. Information will also be shared with the local Fire Rescue Services team to allow them to offer safety advice at my premises and where appropriate install/deliver suitable equipment for safety.
5. Information will also be shared with my electricity supplier/distributor where electrical devices have been installed.
6. From time to time, I may be contacted to participate in a patient satisfaction survey/audit. *(delete should you wish not to participate)*
7. I understand that I may withdraw my consent at any time (at which point my HOS equipment will be removed).

* Delete as applicable			
<b>Patient's signature</b>		<b>Date</b>	
(see note 4 where signed and witnessed on patient's behalf)			
I confirm that I have responsibility for the above-named patient e.g. parental responsibility, lasting power of attorney.			
<b>Signature</b>		<b>Name</b>	

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<b>Relationship to patient</b>		<b>Date</b>	
<p>I confirm that I am the healthcare professional responsible for the care of this patient and I have completed this form on his/her behalf as s/he is unable to provide/withhold consent. The patient has been given a copy of this form.</p>			
<b>Clinician's signature</b>		<b>Date</b>	
<b>Name</b>			

**Home Oxygen Service**  
Community Respiratory Service  
D1, Dyke Building  
Brighton General Hospital  
Elm Grove  
Brighton  
BN2 3EW  
01273 265593

**Fax this form to Community Respiratory Service 01273 265593**

### **HOME OXYGEN SAFETY AGREEMENT:**

**We require you to sign this in order that we can ensure you understand the risks to yourself and others whilst using oxygen therapy.**

**Contravention of these measures poses a serious risk to yourself and others and may result in oxygen being removed.**

With a small increase in the oxygen level in the air it becomes easier to start a fire, which will then burn hotter and more fiercely. It may be almost impossible to put the fire out. Leaving the oxygen running whilst not in use in a poorly ventilated room or confined space can quickly increase the oxygen concentration to a dangerous level.

The presence of an oxygen enriched atmosphere cannot be easily detected. The main danger to people from an oxygen enriched atmosphere is that clothing or hair can easily catch fire, causing serious or even fatal burns. For example, people can easily set their clothing and bedding on fire by smoking while receiving oxygen treatment for breathing difficulties.

- **You must not smoke or allow any other person to smoke within the vicinity whilst Oxygen is in use. Smoking reduces the benefits of Oxygen and is a serious fire hazard.**
- **You must not use or charge an electronic cigarette whilst using your oxygen or within 3 metres (10 feet) of your oxygen equipment as these have been shown to spontaneously combust at times.**
- **You must not charge mobile phones or leave plug in air-fresheners near your oxygen equipment.**
- **Stay at least 3 metres (10 feet) away from any gas appliances, lit fire places or any open flame. This includes candles.**
- **Allow 10 minutes between using oxygen and cooking with naked flame.**

- Please ensure you have working smoke detectors installed.
- Your central heating does not pose a problem; continue to use it as you would normally.
- Do not use in the same room as paraffin or calor gas heaters.
- Do not use flammable products such as aerosol sprays, oil based lubricants, grease, petroleum based products or paint thinners near Oxygen supply or when using Oxygen.
- Avoid use of vapour rub, petroleum jelly or E45 cream; these contain soft paraffin and can act as an accelerant if the oxygen were to ignite. Can use water based lubricants such as KY jelly.
- Warn visitors of dangers of tripping over tubing and take care not to trip yourself.
- Ensure tubing does not become kinked.

The above information has been explained to me \_\_\_\_\_

and I agree to observe these safety measures.

Signed \_\_\_\_\_

Date \_\_\_\_\_

I am a smoker/non smoker (delete as appropriate)

**NB: For fire safety advice and free fitting of smoke alarms Freephone 0800 177 7069**

or your clinician can refer you via the NHS for a fire safety check:

<http://thepulse/working-life/risk-management/fire-safety.htm>

or contact:

Steve Tancock,  
Fire Safety Officer.  
Sussex Community Trust.  
01273 696011 x3499

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**RATIFICATION CHECKLIST**  
**Medicines Safety & Governance Group, SCFT. Medicines Governance Group, BSUH**

Procedure Title: **Acute Illness still requiring Oxygen at home**

Procedure Author: **Hospital @ Home Clinical lead**

Presented By: **Hospital @ Home operational leads**

Purpose: **Ratification**

**Checklist for Ratification**

1. Reason for Review:			
		<b>Response</b>	
a) New Procedure		<b>Yes</b>	
b) Revision/update to current Procedure			
Please state <b>the reason</b> for updating e.g. compliance with new or updated legislation	New procedure		
Please state briefly <b>what amendments/updates were made, what section/page number and where they can be located within the document</b>	New procedure: This document covers the w from oxygen by the H@H Team of patients following admission to BSUH for Covid-19 and those without a pre-existing chronic lung disease		
c) Other – please state			
d) Review date due or expired 01/05/2023			
2. Summary			
Please give a brief overview of the following: <ul style="list-style-type: none"> <li>This document covers the weaning from oxygen by the H@H Team of patients following admission to BSUH for Covid-19 and those without a pre-existing chronic lung disease</li> </ul>			
3. Format			
Has the standard SCFT template been used?	Yes	Comments: Template used	
4. Consultation			
Name	Group Member		Response Y/N
Silver Command SCFT	SCFT Silver Command		Y
Marcello Rossi	Clinical Lead H@H		Y
Sara LIGHTOWLERS	Medical Director SCFT		Y
	Clinical Pathways Group BSUH		Y

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Clinical Pathways Group BSUH  Medicines Safety & Governance group SCFT  BSUH Respiratory Consultants  Community Oxygen and COPD Nurse Specialist  Medicines Management (Virtually)  Area Head of Nursing and Governance	Medicines Safety & Governance group SCFT  May 2020  May 2020  May 2020  May 2020	Y  Y  Y  Y  Y
<b>5. Dissemination/Implementation Process</b>		
The BSUH team will disseminate and implement this procedure to appropriate parties. The Current health representative will support H@H staff with teaching around the use of this device. Within SCFT, H@H staff are the only group that will be working within this procedure. Training and implementation will be the responsibility of the clinical and operational leads. The SOP will be available on the Pulse.		
<b>6. Cost/Resource Implications</b>		
Does this procedure have any cost and/or resource implications?		Y
SCFT need to provide staff training and staff to cover the visits. The extra cost such like procurement and provide maintenance to the current Health device and extra expenses around consumables will be provided by BSUH No extra funding will be required as SCFT has a contract with BSUH		
Has this been agreed by the accountable Director?		y
<b>Name</b>	<b>Job Title</b>	<b>Date</b>
Silver Command	SCFT	May 2020
<b>7. Approval</b>		
Please state the name of the Group that has approved this document?	Name: SCFT Medicines Safety & Governance Group	
Date of Group Approval:	Date: 11/5/2020	
<b>8. Equality Analysis</b>		
Has the Equality Impact Assessment been completed?	<b>Not applicable</b>	
<b>9. Review</b>		
Please state the timescale for review:	3 years	

**DECISION OUTCOME AND RECOMMENDATIONS**

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<b><i>For completion by the Chair of the Group or Committee considering ratification.</i></b>		
Is the Committee / Group satisfied and assured that due process has been followed in order to produce or review the Procedure?	<b>Yes</b>	Comments:
Is the Committee / Group satisfied and assured with the consultation on the Procedure?	<b>Yes</b>	Comments:
Does anybody (Group or individual) else need to be consulted prior to ratification?	<b>No</b>	Please state who:
<b>Other Comments</b>		
<b>Outcome: Was the Procedure Ratified?</b>	<b>Yes</b>	
<b>Other comments:</b> Including strengths and good practice.		
<b>Additional actions required for ratification:</b> Must be SMART		
<b>Signature of Chair:</b>  <b>Print Name:</b> <b>Job Title:</b>  <b>Date:</b>		