

Rotherham HOS-AR (Home Oxygen Service – Assessment and Review)
Referral Proforma for Home Oxygen Assessment Service

About Rotherham Home Oxygen Assessment and Review service (HOS-AR)

Rotherham HOS –AR is an integrated service across the hospital and community settings and specialist home oxygen assessments can be undertaken at either of the two main locations:

1. For those patients admitted to Rotherham Hospital at Medical Physics Dept.
2. For patients in the community and Primary Care setting at BreathingSpace.

The single point of referral (Medical Physics) will consider patient choice and appropriateness of the best location for the assessment to take place.

The service will provide specialist assessments, education and reviews of patients requiring home oxygen following good practice guidance and relevant clinical guidelines (e.g. NICE 2010 BTS 2006) and refer to other specialist services when indicated for optimal management of the patient.

Medical Physics department can also provide assessment of oxygen requirements for air travel for patients with resting $spO_2 < 95\%$ or already on Long term Home Oxygen Therapy (LTOT).

How to refer for Home Oxygen

Complete the **New Patient Referral for Home Oxygen Assessment** form and fax to the HOS – AR central referral point.

******FAX REFERRAL TO 01709 424295******

Address: Medical Physics Department, Rotherham General hospital (A Level), Moorgate Road, Oakwood, Rotherham, S60 2UD.

Please complete all relevant information by ticking the appropriate boxes including:

- Identification of the need for home oxygen assessment
- Confirmation of the pre-screening requirement of a measurement of SpO_2 of $\leq 92\%$.

Consider recommended pre referral considerations outlined over before completing your name and contact details.

Advice about referral for Home Oxygen assessment can be requested by telephoning HOS-AR numbers as follows.

BreathingSpace 01709 421700
Medical Physics Dept 01709 424572

****Important information about Home Oxygen prescribing****

An emergency Home Oxygen prescription (urgent response box on HOOF) is **not** usually clinically indicated.

Pat A of the HOOF (non specialist/ awaiting assessment) can be completed for:

- Palliation of severe breathlessness (in presence of hypoxaemia $SpO_2 < 92\%$) at end of life.
- For trial management of cluster headaches (high flow 15L min for 15 mins with non rebreathe mask)
- You will need to review your patients to determine response and remove if necessary
- Discuss with the Home Oxygen Assessment service or Air Products Clinicians hotline.

Rotherham Home oxygen Assessment and Review Pathway (HOS-AR) New patient Referral for Home Oxygen Assessment

Identified Referral Route From:
(Tick 1 box)

General Practitioner

Healthcare Professional in Community/
BreathingSpace



Patient Name/ Address/ Contact Details

NHS Number

Important Pre Referral Considerations

- Any other comorbidity and referral for definitive diagnosis if not known
- Treatment optimisation
- Consider referral to pulmonary rehabilitation
- Consider referral for smoking cessation
- Consider referral to palliative care and end of life planning conversation
- Patient in hospital? – consider if respiratory physician review required

Information for HOS – AR Service

Diagnosis.....

Patient requiring Home oxygen assessment because: (tick as appropriate)

Patient has clinical signs of hypoxia eg cor pulmonale principally peripheral oedema, polycythaemia, raised jugular venous pressure, cyanosis SpO₂ ≤ 92% (treatment has been optimised)

Patient has oxygen saturation < 92% breathing room air (during period of clinical stability of 5 weeks)

Patient requires Ambulatory Oxygen Assessment (for active individuals to use outdoors)

Note: Oxygen should not be prescribed on the basis of breathlessness alone (there is no evidence for this!)



Perform Oximetry (if not yet taken) pre-screening requirement

Date: **Recorded SpO₂ =** (Taken on room air during a period of clinical stability)

To seek advice from HOS – AR service Contact: **BreathingSpace 01709 421700 or Medical Physics 01709 424572.**

Any comments / other useful information:



Referrer Details (please complete all information requested)

Name: _____ Profession: _____

Signature: _____ Contact Tel no: _____

Date:.....

Practice/ Address



Refer to Home Oxygen Assessment and review service Fax: 01709 424295