

Discharge Planning for Home Oxygen Therapy

Information for Parents and Carers

Signature of care givers

Name (printed)	Signature	Designation

This leaflet is to provide help for you to discharge plan for home oxygen therapy.

If you are worried or unsure about anything, telephone the Children and Young People's Home Care Team (CYPHCT) between 08.30 hrs and 16.30 hrs, Monday to Friday, on 01270 612071.

Outside these times contact the Child and Adolescent unit (CAU) on 01270 612073.

1. Once a clinical decision has been made for a child or young person to go home on oxygen should make a telephone referral to the CYPHCT as soon as a child is identified for possible discharge home on oxygen.
2. When the child's condition is stable, the Consultant makes the clinical decision in conjunction with the family and other professionals, that the child requires continued oxygen therapy. If the family are in agreement, and are competent to provide care at home discharge planning will begin.
3. Criteria for discharge:
 - Medically stable and adequate growth.
 - Oxygen requirements established and stable.
 - No apnoeic episodes for 2 weeks prior to discharge.
 - Able to cope with short periods in air, e.g. If nasal cannula dislodged.
 - Other medical problems treated appropriately e.g. Gastro –oesophageal reflux.
 - Family in agreement and it is appropriate for family to care for their child at home.
 - Suitable housing with telephone.
4. An individual management plan to be written by the Consultant Paediatrician which will identify:
 - The prescribed rate of oxygen, usually the highest amount required for feeding and sleeping. A copy put into the child's medical notes and a copy sent home with the child on discharge.
 - Clear sliding scale of parameter, or variables, with clear indication of when to seek advice and who to contact.
5. The CYPHCT arrange an initial meeting with the parents on the ward. At this meeting it should be ascertained that the house is suitable for home oxygen and confirmed that the family have a landline/mobile telephone and that they are registered with a G.P.
6. A home visit will be made to confirm that the home is suitable for home oxygen and carry out a Risk Assessment using the 'Initial Home Oxygen Risk Mitigation (IHORM)' and 'Home Oxygen Consent (HOCF) Form & Supporting notes'.
7. A provisional discharge date is agreed with the Consultant Paediatrician. Discharge should be planned for a weekday to enable the Children's Community Nurse to meet the family at home on discharge, to check all equipment is available, understood and working correctly.
8. The child's named nurse should liaise with the multidisciplinary team, and arrange a discharge-planning meeting.

9. A Home Oxygen Order Form (HOOF) will be completed by the Doctor or the Named Nurse via the online portal.

It is important to specify clearly the flow rate and duration of oxygen required.

- Original sent to Baywater Health
- Copy to patients' medical notes
- Copy to CCG and GP (completed by Baywater Health)
- Copy to CYPHCT

Help completing the HOOF is available from Baywater Health at: Baywater Health Portal:- Go to the link 'HOOF completion guide for HCP's', at the top of the page (Please note you do not need to register to access this link).

24 hour help and advice can also be sought from Baywater Health on **0800 373 580**.

10. The Doctor or Nurse will obtain a Home Oxygen Consent Form (HOCF), from the parents to allow information to be passed on to the suppliers Baywater Health.
11. Assemble equipment for home use – (see discharge checklist)
12. Parents/carers training to be completed using the checklist attached to this document, in conjunction with the 'Supplementary Oxygen Care – Information for Parents and Carers' (Available on the Intranet > Services > Paediatrics > Document Library > C&YPHCT - Training Packs & Information Leaflets). (Training for babies on Neonatal Unit will be done by the staff on Neonatal Unit)
13. Parents from Neonatal Unit should have the opportunity to visit the CAU as this is where the child will be readmitted to if necessary after discharge.
14. Parents must be resident and provide total care for their child prior to discharge. Pulse oximeters are not routinely loaned to families at home; therefore, it is essential that parents are competent and confident to take their child home on oxygen. The decision for the child to be discharged with a pulse oximeter must only be made by a Consultant. Bespoke funding needs to be applied for if the monitor is to be used long term (if no CYPHCT monitor available).
15. An individual care plan should produced. Remember to include all nursing issues relating to the child i.e. feeding problems, giving medication etc.

Discharge Checklist for Child Going Home on Oxygen

	Date	Signature
Referral received by CYPHCT		
Parents met on Neonatal Unit/CAU by Children's Community Nurse.		
Risk assessment completed and action plan put in place if home unsuitable.		
Family assessment <ul style="list-style-type: none"> • Structure of family - single/supported/siblings • Consideration of social activities • Awareness of the medical needs of their child. 		
Home assessment <ul style="list-style-type: none"> • Type of accommodation and suitability. • Safe storage for spare cylinders and equipment • Adequate electricity supply • Landline/mobile telephone is available. • Safe access for moving and handling of equipment • Smoke alarm fitted and working • Smoke free environment and safety. • NHS leaflet given (if applicable) – 'P is for protecting your child from second hand smoke' Family to contact <ul style="list-style-type: none"> • Fire service – Baywater Health have set up a system to inform fire and emergency services, but family can inform local stations. • Housing association of landlord if applicable • Home insurance • Car insurance 		
Multidisciplinary meeting arranged.		
Complete Home Oxygen Consent Form <ul style="list-style-type: none"> • Original to the medical notes • Copy to the parents • Copy to CYPHCT Complete Home Oxygen Order Form (B) <ul style="list-style-type: none"> • Completed by Medical staff or Children's Community Nurse and signed by Consultant. • Specify clearly the flow rate and duration of oxygen required. • LTOT and Ambulatory oxygen needs to be ordered. • Copy to GP • Copy to CYPHCT • Copy to patients notes N.B. It takes at least 3 working days for equipment to be installed in the home.		

	Date	Signature
If urgent for end of life care this can be arranged within 4 hours.		
Training pack given to family. (Available on Intranet Paediatric Training packs)		
Parents must have received training and guidance related to: <ul style="list-style-type: none"> • Effectiveness of their child's breathing i.e. skin colour, rate and depth of breathing, chest movements, activity and mental status. • Signs of breathing difficulty i.e. change in skin colour, noisy breathing, change in rate and depth of breathing, cough, wheeze, stridor, use of accessory muscles. • Action to be taken if any change in breathing pattern: - Parents should have a sliding scale of parameters, or variables, with clear indication of when to seek advice, and who to contact. • An overnight sleep study should be done prior to discharge and reviewed by a consultant. • Child monitored in air to ensure they are able to cope with inadvertent dislodgement or removal of nasal cannula/mask. • Resuscitation training completed. 		
Regulating flow meter on oxygen: - Concentrator/Portable cylinder		
Pulse oximeter– if applicable. (For children not being discharged with a pulse oximeter, regular use should be stopped prior to discharge)		
Apnoea alarm – if applicable		
Care of nasal cannula/mask.		
Discharge medication: Parents competent to give medication. Take home prescription to be completed prior to discharge, to enable parents to become familiar with giving medication. Additional items to be prescribed: Duoderm 10cm x 10cm, 1 box. Mefix Tape 5cm x 2.5cm 1 roll.		
Carry case for portable oxygen supplied by Baywater Health		
Safety advice –written and verbal information given (Supplied in Welcome Pack from Baywater Health)		
Travel advice - written and verbal information given (Supplied in Welcome Pack from Baywater Health)		
Family informed of possible benefits. (e.g. Disability Living Allowance) Refer to Social Work Department for assessment of needs if necessary.		
Further information: Bliss 0500 618140 or www.bliss.org.uk		
Direct access letter obtained Copy to parents Copy to assessment unit		

Certificate of Instruction

Child and Adolescent Unit

**Children and Young
People's Home Care Team**

Patient's name: _____ **DOB:** _____

I agree that I have received written guidelines and been instructed how to:

and now feel confident and competent to carry out this procedure/treatment.

I understand what problems may arise and what to do if they occur.

Parent / legal guardian / patient's signature: (print & sign)

Date: _____

Signature of registered nurse assessing competency: (print & sign)

Date: _____ **Date for review:** _____

Review Date

Parent / legal guardian

Nurse assessor

Name/NMC Stamp
Role
Signature

This information is available in audio, Braille, large print and other languages. To request a copy, please ask a member of staff.

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