

This quick reference guide provides a summary of the main points contained in the best practice statement on home oxygen therapy for children being cared for in the community. For further information please refer to the full version, available on the NHSQIS web-site: [www.nhshealthquality.org](http://www.nhshealthquality.org). The statement refers to children from birth until transition to adult services (usually between 14 – 19 years of age) and incorporates neonatal and community childrens nursing services.

### Initial management plan

Each child has an individual management plan provided by their consultant with guidelines for use, and information relating to clinical signs and symptoms. It should include:

- oxygen prescription
- amount of oxygen required (litre/minute)
- sliding scale of parameters or variables with indication of when to seek advice and who to contact for advice
- mode of delivery i.e. face mask, tracheostomy mask or nasal cannulae
- delivery system required i.e. oxygen concentrator, liquid oxygen, oxygen cylinders
- equipment to be used e.g. humidifier, pulse oximeter, apnoea monitor

Alterations to any oxygen prescription and /or equipment will only be carried out after medical/ nursing advice has been sought.

Parents/carers and all professionals involved in the child's care receive a copy of the child's management plan.

### Discharge planning

As soon as possible after the child has been identified as going home on oxygen therapy discussion takes place with **all** those involved in the child's care in the community.

Evidence of referral to the Community Children's Nursing Service is present in the case notes.

A discharge checklist is used to ensure that all areas are considered

The child's named nurse is the key person responsible for ensuring that parents/carers have been taught the skills to care for the child at home. The named nurse will be responsible for liaising with and making necessary referrals to professionals in the child's community to ensure that the child and their parents/carers receive appropriate support.

As soon as it is apparent that the child needs home oxygen, a prescription is obtained and the suppliers contacted regarding the equipment required.

A home visit before discharge by the Community Children's Nurse or Health Visitor is carried out to assess the suitability of the home environment.

### Risk assessment and management

Parents/carers are provided with written and verbal oxygen safety information.

Oxygen equipment is isolated from potential sources of combustion. All individuals in contact with the child are fully aware of the potential fire risk and how to avoid it.

Parents/carers are advised that they or any visitors to the home should not smoke in the presence of oxygen. Advice is provided about the support available to parents/carers to stop smoking.

Parents have access to a telephone for emergency use.

## **Information for parents and carers**

Each child has a management plan identifying the amount of oxygen which can be administered in the community before admission to hospital is required.

There is documented evidence that parents/carers have received guidance related to:

- child's breathing pattern i.e. awareness of rate and depth of breathing, noisy breathing, wheeze, cough, chest pain, obstruction, use of accessory muscles
- effectiveness of child's breathing i.e. awareness of chest movement and air entry
- adequacy of child's breathing i.e. awareness of heart rate, skin colour and mental status
- what to do if there is a change in their child's breathing

CPR training is provided to parents/carers prior to discharge.

Where oxygen saturation monitors and apnoea monitors are in use parents/carers are aware of what to do if the monitor alarms and how to recognise and respond to an emergency situation.

## **Provision of equipment and supplies**

Community staff are aware of necessary systems for reordering all necessary equipment i.e. code numbers and who to contact.

Community staff are aware of the policies and procedures required regarding the reporting of significant incidents, replacement and repair of equipment, ordering of supplies, documentation of any equipment going for repair and decontamination of equipment prior to repair.

Parents/carers have information on who to contact for advice regarding equipment.

## **Transport of oxygen outside the home**

- it is strongly advised that smoking is not permitted in any vehicle carrying oxygen
- cylinders are checked for leaks before a journey
- no more than 2 cylinders are carried at one time
- cylinders are stored out of direct sunlight
- cylinders should not be able to move about freely
- the vehicle windows are partially open when oxygen is being transported
- a vehicle TREM card (Transport Emergency card available from oxygen suppliers) is carried at all times
- the car insurance company is informed of the need to carry oxygen
- public transport companies are informed of the need to carry oxygen before travelling if possible

## **Use of oxygen therapy at school**

- the child has a School Health Care Plan, which includes medical guidelines for administering oxygen to the child
- the child is escorted to school by an appropriately trained person instructed in administering oxygen therapy
- responsible school staff are identified and instruction given on the administration of oxygen therapy
- a prescription is available from the GP to the pharmacist for delivery of oxygen cylinders to school
- the school has information on rate/flow set for oxygen delivery
- written information is available re safe storage of oxygen cylinders
- school staff receive guidance regarding resuscitation and the information highlighted in Section 4

## **Section 8 - Use of oxygen therapy outside the child's home and school**

When using cylinders outside the home parents/carers are able to calculate the amount of oxygen in a cylinder and the length of time it will last.

Parents/carers and the child are provided with information on oxygen cylinder duration time

Parents/carers have a plan of action for what to do if oxygen is not available to the child.