Referral Aid for Long-term Oxygen Therapy (LTOT) Assessment

NB. For non-COPD breathless palliative care patients follow the palliative oxygen pathway NOT this LTOT pathway

1. Clinically stable*
2. Definitive diagnosis
3. Treatment optimised
4. Smoking status
(refer as appropriate)

$SpO_2 \leq 92\%$

SpO_2 92-94%

ALL other patients

Refer to HOS-AR for LTOT Ax. include date of last exacerbation

YES

evidence of 2^{o} conditions**

NO

Significant exertional desaturation[1] or Intractable SOB[2]

N/K

Perform or refer for tests
Contact oxygen service if unsure

Given verbal & written info to patient re reason for referral

NO

YES

Consider AOT AX[1]or other therapies[2]: PR, physio, breathing techniques, OT, opiates, fan therapy

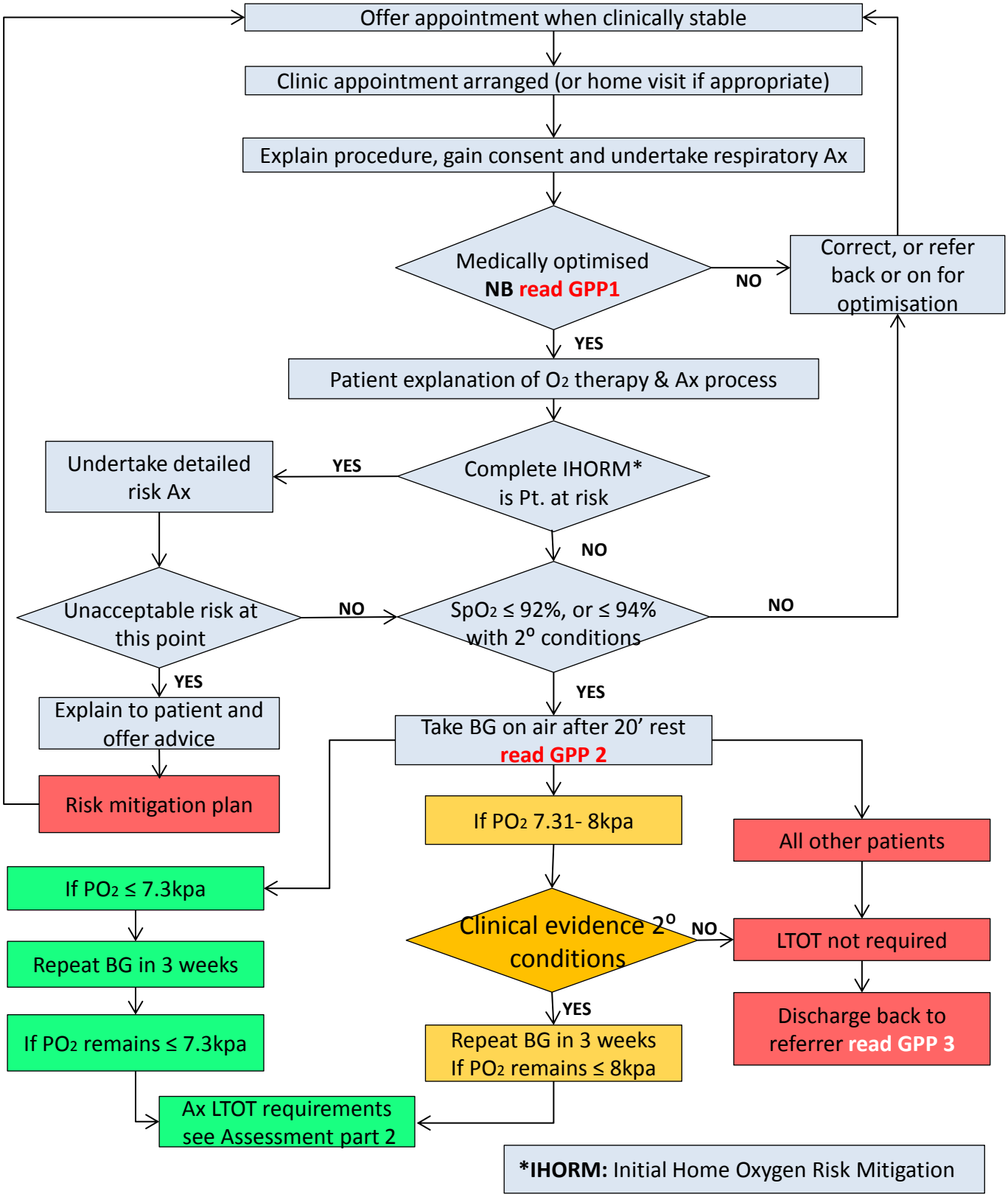
Primary care:
Monitor yearly or sooner if exacerbates

***Ideally stable** for 8/52 (but less if more frequent exacerbation prevents assessment)

****Secondary conditions:**
- Peripheral oedema
- Pulmonary hypertension (provide evidence and/or date of test)
- Polycythaemia (HCT $\leq$ 0.55)

Abbreviations: Ax =Assessment, BG=Blood gas, GPP=Good Practice Point, FR=Flow rate, HOS-AR Home Oxygen Service-Assessment & Referral; PR=Pulmonary Rehabilitation; SOB=shortness of breath/breathlessness

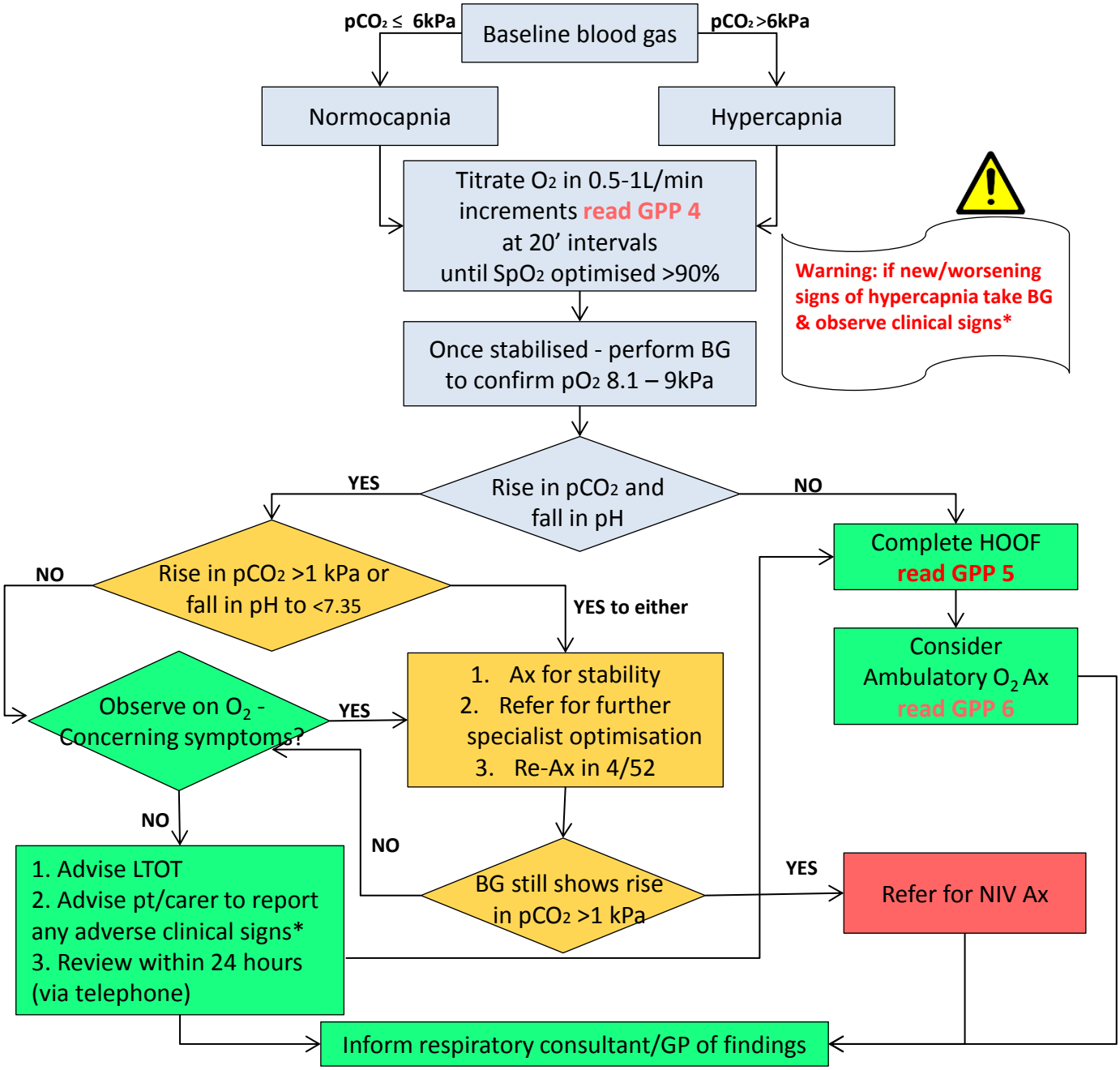
HOS-AR LTOT Assessment Part 1



GPP 1 This does **not** necessarily mean triple therapy, but the appropriate therapy for disease stage
GPP 2: If patient difficult to bleed, check for polycythaemia as this increases blood viscosity
GPP 3 with advice to monitor SpO2 every 6/12 and refer back to HOS-AR if meets criteria in future

HOS-AR LTOT

Assessment Part 2



GPP 4. If sensitive to O_2 or close to acceptable threshold, consider titration in 0.5L/min increments
NB: BTS guidance advises 1L/min increments, however, KSS clinical consensus is for 0.5-1.0L/min where hypercapnia is a risk, or little O_2 is needed to correct hypoxaemia
GPP 5. NB. O_2 Px is ≤ 24/24 TOTAL; consider any impairments and ability to manage equipment
GPP 6. If a patient is not able to mobilise, *portable* O_2 equipment may be considered to allow them to leave the house; a formal assessment is not required in these circumstances

***Clinical signs** of hypercapnia: drowsiness, headache, flapping tremor, confusion, engorged dorsal hand veins, unusual Jerking / twitching, falls

Review schedule after LTOT initiation