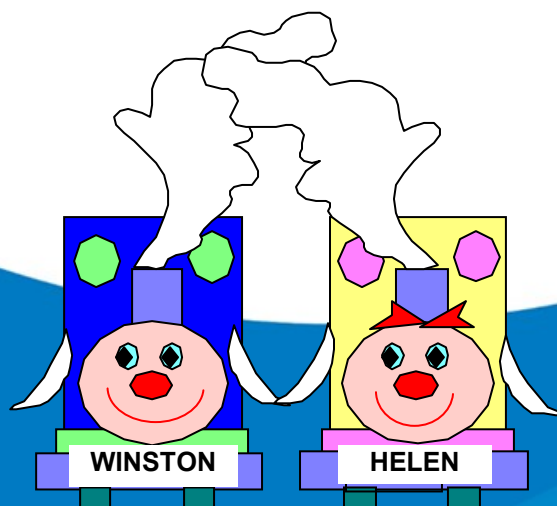


Home Oxygen

This leaflet can be made available
in alternative languages / formats on request.

*如有需要，本传单可提供其他语言/版式
此單張的其他語言/格式版本可按要求提供*

Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.



Nature and Reasons for the condition

Some infants & children have long term respiratory problems that require long term oxygen. The Consultant in charge of your infant/child may decide that they are ready to be discharged home but still continue to need a small amount of oxygen.

This may be because your child is premature or your child may have some other long term respiratory problem.

Once the suggestion of home oxygen has been made by the consultant to the family, the nurse/doctor looking after your child will make a referral to the Respiratory Team. A member of this team will then make arrangements to meet the family either in hospital or in the child's own home to discuss the home oxygen package and subsequent after care.

The home visit is sometimes done in conjunction with the child's Health Visitor or other carers. The Respiratory Team are responsible for coordinating discharge planning. Prior to the infant or child going home a pre discharge checklist must be fully completed. This is to ensure all the medical, social and safety needs have been met to ensure safe transition home.

Home oxygen is provided by a company called Baywater. An Initial Home Oxygen Risk Mitigation (IHORM) form must be discussed with the patient and/or carer and completed in advance of oxygen equipment being prescribed/ordered. This form must be dated and signed by the healthcare professional completing the form and the Home Oxygen Consent Form (HOCF) must be dated and signed by both the patient/parent and the healthcare professional, this is in keeping with the data protection act. Once all this has been done the Oxygen can be ordered.

The amount of oxygen prescribed for the infant or child is clearly stated on the home oxygen order form to enable the company to provide the most suitable oxygen equipment. A member of the Respiratory Team will stipulate what equipment is to be provided based upon the oxygen requirements.

It is very important that an oxygen conserver is not used for premature infants.

There are two oxygen systems we use for infants and children as follows:

- A. If the infant is requiring less than 1 litre per minute (LPM) of oxygen such as for premature infants from the Special Care Baby Unit. The company provide 2 x static cylinders and 2 x portable oxygen cylinders with flow meters. The 2 flow meters we currently use deliver oxygen from 1 LPM to 0.1LPM and from 0.1LPM down to 0.01 LPM.

How long each cylinder will last will depend on the flow rate. For example a large static cylinder will last approximately 14 days at a rate of 0.1lpm (Baywater). The flow valve is swapped over to a new full cylinder when the old cylinder is empty.

Parents simply ring Baywater when replacement cylinders are required. No oxygen concentrator is needed. Nasal cannula are provided by Baywater. Baywater will provide full training on oxygen cylinders on installation.

B. If the infant or child requires more than 1(LPM) of oxygen the company will usually provide:

- An oxygen concentrator (see right)
- Portable cylinders (for travel).



The concentrator produces the oxygen by sucking in room air and then passing it through a series of filters. The concentrator enables higher rates of oxygen to be given as it would require a large number of cylinders to provide high flow oxygen on a continual basis.

The concentrator runs off the electricity. In case of power failure, a back up cylinder is provided. Small portable cylinders are also provided for when the family want to go out.

Nasal cannulas and the tendergrip plasters are provided by Baywater as required.

Oxygen flow rates should never be changed unless you have been advised to change them by your doctor or respiratory nurse. Each time oxygen requirements change a member of the Respiratory Team has to complete another HOOF if a new valve is required. Once the oxygen is no longer required a member of the Respiratory Team will inform Baywater to ask for removal of all equipment.

For more information, please discuss with a member of the Paediatric Respiratory Team on 0151 430 1938.

Baywater Healthcare:

www.baywater.co.uk - 0800 373 580.

The website provides information regarding the service.

If you have any further questions, please contact your child's consultant via their secretary via the hospital switch-board.

The secretaries are available Monday to Friday, 9.00 am to 5.00 pm

If you need to contact the department outside of these hours, please phone either:

Ward 3F	0151 430 1616
Ward 4F	0151 430 1791

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

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