

**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 SpO₂ <95% or already on Long term Home Oxygen Therapy (LTOT).

How to refer for Home Oxygen Assessment

Complete the ***New Patient Referral for Home Oxygen Assessment*** form over 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 SpO₂ of ≤ 92%

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

Always ensure a copy of completed HOOF is sent to the Medicines management Team (NHSR) as below.

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.

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

- Palliation of severe breathlessness (in presence of hypoxaemia SpO₂ <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 patient to determine response and remove if necessary
- Discuss with the Home Oxygen Assessment service or Air Products Clinician's Hotline

Copy of completed HOOF to:

***** When completing a Home Oxygen Order Form (HOOF) ALWAYS send a copy to *****

Medicines Management by e mail mmtadmin@rotherham.nhs.uk OR FAX 01709 302061

Medicines Management Team, NHS Rotherham, Oak House, Moorhead Way, Bramley, Rotherham, S66 1YY

**Rotherham Home Oxygen Assessment and Review Pathway (HOS-AR)
New Patient Referral for Home Oxygen Assessment**

Patient Name/Address/Contact Details NHS Number
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Identified Referral Route From: <i>(tick 1 box)</i> <input type="checkbox"/> General Practitioner <input type="checkbox"/> Healthcare Professional in Community/BreathingSpace
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Important Pre Referral Considerations
<ul style="list-style-type: none"> • Any other co-morbidity 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: <i>(tick as appropriate)</i> <input type="checkbox"/> Patient has clinical signs of hypoxia eg cor pulmonale principally peripheral oedema, polycythaemia, raised jugular venous pressure, cyanosis SpO ₂ ≤ 92% <i>(treatment has been optimised)</i> <input type="checkbox"/> Patient has oxygen saturation < 92% breathing room air <i>(during period of clinical stability of 5 weeks)</i> <input type="checkbox"/> Patient requires Ambulatory Oxygen assessment <i>(for active individuals to use outdoors)</i> <p align="center">Note: Oxygen should not be prescribed on the basis of breathlessness alone (there is no evidence for this!)</p>



Perform Oximetry (if not yet taken) pre-screening requirement
Date: Recorded SpO₂ = <i>(Taken on room air during a period of clinical stability)</i> To seek advice from HOS – AR service Contact: BreathingSpace 01709 421700 or Medical Physics 01709 424572. Any comments/other useful information:



Referrer Details <i>(please complete all information requested)</i>		Practice/address:
Name:	Profession:	
Signature:	Contact Telephone No:	
Date:		



Refer to Home Oxygen Assessment and review service Fax: 01709 424295 Also send copy of any completed HOOF to Medicines Management by e mail mmtadmin@rotherham.nhs.uk OR FAX 01709 302061
