Name: DOB: NHS Number:

Paediatric Pan London Oxygen Group (PPLOG)

Discharge Bundle

Version 1.6

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This document has been endorsed by:

London Neonatal
Operational Delivery Network

PPLOG Discharge Bundle Authors & Contributors:

Name	Organisation
Rebecca Smith (Chair)	Bart's Health NHS Trust, London.
Tamsyn Hernandez	Evelina, London.
Sarah Kavanagh	Guys and St Thomas' Hospital, London.
Helen Parker	Central London Community Healthcare NHS Trust.
Nazifa Anjum	Bart's Health NHS Trust, London
Rose-Teresa Kai Kai	Barking, Havering and Redbridge University Hospital NHS Trust
Mhara Real	Imperial College Hospital Healthcare NHS Trust.
Sook Lin Yap	University College London Hospital, London.

Acknowledgements first version Contributors & Former PPLOG members

- Emilie Maughan - King's College Hospital NHS Foundation Trust / Royal Brompton and Harefield NHS Foundation Trust
- Carol O'Malley – Bromley Healthcare
- Nichola Starkowitz – Central London Community Healthcare NHS Trust
- Tendai Nzirawa - Health Innovation East & Neonatal Nurses Association
- Abigail Beddow - Barts Health NHS Trust, London

- Caroline Lock - Air Liquide – London region
- Ceara Turner- Bromley Healthcare, London
- Tyree Rawsthorne- Meadway Health Centre, Manchester
- Billie Coverly- Kings College Hospital, London
- Sook Lin Yap- Royal Infirmary Hospital, Scotland
- Alison Camden- Oxleas NHS Foundation Trust
- Debbie Roots- Homerton Hospital, London
- Tori Haddaway- Bart's Health NHS Trust, London

Paediatric Pan London Oxygen Group (PPLOG)

Background

Prior to PPLOG being founded a mapping exercise identified that practices of caring for children with oxygen therapy within the tertiary and community settings varied hugely and had limited to no evidence. In 2016, a Respiratory Nurse with a link to all of the Children's Services in London (Caroline Lock, Clinical Nurse Advisor at Air Liquide) encouraged as many Children's Nurses including Community Neonatal Nurses to share their concerns and find solutions to make the transition from hospital to home of every child on oxygen therapy seamless. Within the UK there is substantial variation in practice between different centres due to a lack of strong evidence and consensus (Schulga et al., 2019; Garde et al., 2021). The aim of the Paediatric Pan London Oxygen Group (PPLOG) is to bring together the knowledge and experience of Respiratory Nurses, Community Children's Nurses and Community Neonatal Nurses, and set standard guidance to ensure the management of children on oxygen therapy is holistic, safe and uniform within London and other regions. Home oxygen therapy presents a significant treatment burden to families which can negatively impact families' quality of life (Garde et al., 2021), however this burden can be reduced with effective discharge planning and support (Wilson et al., 2020). Therefore, healthcare professionals responsible for undertaking home oxygen assessments and supporting families with home oxygen must be appropriately trained with ongoing opportunities for professional development (Suntharalingam et al., 2017). PPLOG aims to support this learning and development through online resources, study days and networking.

Objectives

1. To set standard guidelines for oxygen within children services.
2. To establish standard guidelines for oxygen weaning within tertiary and community settings.
3. To streamline the discharge process for children on home oxygen therapy.
4. To facilitate educational programmes for hospital staff preparing to discharge a child on home oxygen therapy.
5. To support the families with evidence-based information on how to care for their child on home oxygen therapy.
6. To set a platform and create a Pan London Oxygen protocol for education and management of all children on oxygen therapy within tertiary and community settings.
7. The PPLOG to audit every setting using the set guidelines/pathways annually through staff, parents and children satisfaction feedback.

8. Guidelines and pathways to be reviewed every three years or earlier if advised of new evidence-based practices.

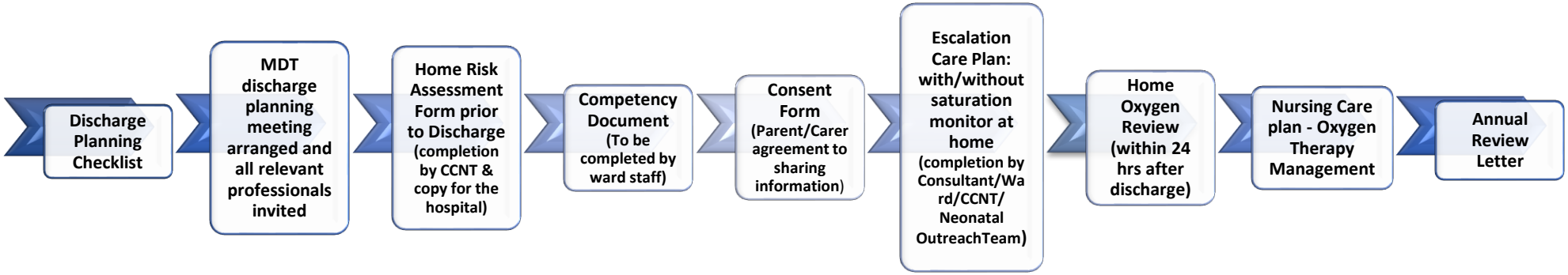
PPLOG Discharge Bundle Documents Contents:

This Paediatric Pan London Oxygen Group document contains the following 7 separate documents to aid the safe and timely discharge of a child requiring home oxygen across Greater London. The Paediatric Pan London Oxygen Group is made up of Health Professionals involved in the discharge process of children requiring home oxygen daily and includes medical, nursing and educational representation from community, tertiary hospital, Neonatal Intensive Care and commissioned Oxygen Provider settings. These professionals are committed to streamlining the discharge process of children requiring home oxygen across London and other regions in England. This PPLOG discharge bundle is available online on various platforms and for the use by clinical teams. The bundle elements should not be changed but the format and presentation of the documents can be amended for local use. Please acknowledge PPLOG as the source.

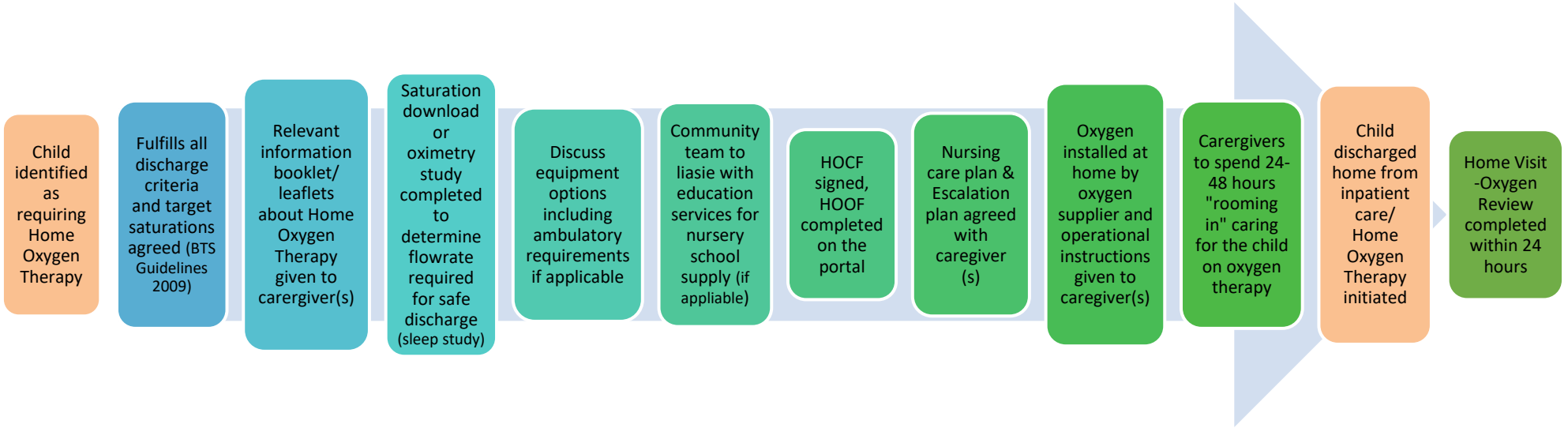
Table of Contents

Home Oxygen Discharge Pathway using PPLOG Discharge Bundle

Adapted using BTS guidelines for home oxygen in children (2009), NICE Scope (2019) PH40 Social and emotional well-being, Nzirawa (2018), NHS Primary Care Commissioning (2011) Home Oxygen Service – Assessment and Review: Good practice guide



The child's journey on oxygen therapy: hospital to home



Forms to be completed by the ward staff

HOME OXYGEN DISCHARGE PLANNING CHECKLIST- (to be completed by ward staff)

NAME:	**ADDRESS:**
DOB:	
NHS Number:	
CONSULTANT:	

Checklist	Sign & Date completed	Comments
Sleep study / pulse oximetry study downloaded to determine flow rate required		
Referral made to CCN team		
Initial Home Oxygen Risk Mitigation Form (IHORM) completed and copy filed in patient notes		
Home Oxygen Consent Form (HOCF) completed, signed and filed in notes		
Home assessment completed on:…….. by:…….(Children Community Nurses Team/ Neonatal Community Outreach Team) and copy of assessment form filed in notes Is the family home safe for home oxygen installation? Yes♦ No♦ (advise changes to be made and reassess) (Suntharalingam et al., 2017)		
Home Oxygen Order Form (HOOF) completed min 48hrs pre discharge, including portable cylinders if requiring continuous oxygen via the Oxygen Portal (Air Liquide/ Baywater/ Dolby Vivisol/ BOC) Copy sent to: 1. GP 2. CCNT/CNS 3. Filed in notes		
Oxygen Competency document completed by parent(s)/main carer(s) and emailed to CCN team		
Home saturation monitor in home if required		
Parent/carer has “roomed in” and provided 24hrs of continuous care		
Home Oxygen installed		
Discharge planning meeting if required		
Home Oxygen Escalation Plan completed and given to parent(s)/carer(s) and CCN team, including contact details of relevant team(s)		
Portable oxygen cylinder brought in for transport home		
Car Seat/ seated trial completed if applicable (30 minutes, saturating >93%)		

Immunisations up to date, including flu vaccine and Nirsevimab if eligible		
Home Oxygen Therapy annual review letter given to parents		
Initial health professional home visit arranged within 24hrs of discharge (BTS, 2009, Nzirawa et al, 2017 & Wilson et al, 2019)		
Hospital Outpatients Appointment follow up booked for 4-6 weeks post discharge (BTS, 2009) Appointment Date:…….. Time:		
Discharge summary sent to: GP, CCNT and Parent(s)/carer(s)		

Discharged on: …….. At: …….. Checklist checked and complete
Discharging clinician: …… Signature: ……

Paediatric Pan London Oxygen Group

Initial Home Oxygen Risk Mitigation Form (IHORM) and Home Oxygen Consent Form (HOCF) for new patients only.

BOTH FORMS MUST BE COMPLETED AND SIGNED BEFORE OXYGEN CAN BE INSTALLED.

DO NOT SEND FORMS TO SUPPLIER FORMS WILL BE PLACED IN PATIENT NOTES

THERE ARE CONFIRMATION BOXES ON THE HOME OXYGEN ORDER FORMS.

Oxygen can pose a risk of harm to the user and others in the event of fires, falls and inability to use complex equipment. The initial identification and onward communication of these risks is the responsibility of the health care professional ordering the oxygen and remains so until that prescription ceases or is superseded. The table below reflects risk factors that are based on evidence of real life serious and untoward incidents, 90% of which are smoking, and e-cigarette/charger related.

The Initial Home Oxygen Risk Mitigation (IHORM) is to be completed in conjunction with the Home Oxygen Consent Form (HOCF) prior to oxygen being ordered from the oxygen supplier via the Home Oxygen Order Form (HOOF). **It is the responsibility of the registered health care professional who is gaining consent to complete and add the IHORM with the HOOF and HOCF to the patient's notes. If all documents are not confirmed as being completed in full the Home Oxygen Order cannot be fulfilled.**

If the risks identified on the IHORM indicate significant levels of risk the patient should be discussed directly with the local Home Oxygen Service or Clinical Oxygen Lead for a full risk assessment prior to oxygen being ordered as recommended in the British Thoracic Home Oxygen Guidelines June 2015**. Regardless of risk or diagnosis all adult patients should be referred the Home Oxygen Assessment and Review Service (HOS-AR) for the team to determine next steps if deemed relevant.**

If any responses below fall within a shaded box, please refer to the Required Action column and supporting notes.

All actions should be explained to the patient and why they are being taken in line with service contracts. Ensure that both verbal and written information has been given to the patient or their representative

Patient Name		DOB		
Address		Oxygen requested?		**Yes - Sending HOOF** **No - Risk is too high**
Recorded at	Please indicate:- Hospital / Clinic / Home / other location	NHS No		
Risk Level	**Risks**	**No**	**Yes**	**Required Action**
HIGH	Does the patient smoke cigarettes / e-cigarettes?			If a High Risk is identified (shaded box), **It is highly recommended that oxygen is not requested without** referral to Home Oxygen Assessment and Review Service (HOS-AR) **or** Respiratory Specialist **or** support services e.g. falls team, stop smoking service,
	Have they smoked in the last 6 months? Quit date.....			
	Does anyone else smoke at the patients premises?			
	A recent history of drug or alcohol dependency?			
	Patient reported they have had a fall in the last 3 months?			
	Have they had previous burns or fires in the home?			
	Does the person have identified mental capacity issues?			
MODERATE	Can the patient leave their property un-aided?			If 3 or more risks are identified (shaded box), **It is highly recommended that oxygen is not requested without** referral to HOS-AR **or** Respiratory Specialist **or** support services e.g. stop smoking service,
	Is the patient or any dependents/ in the property vulnerable? E.G. disabilities/ children			
	Do they live in a home that is joined to another?			
	Patient reports they have working smoke alarms at home? (if unknown please state no)			
	Do they live in a multiple occupancy premises (Bedsit/flat)			

Mitigation actions taken e.g. contacted falls team Referred to Fire and Rescue

Declaration I confirm that I am the healthcare professional responsible for the care of this patient. I have discussed the risks listed on this form with the patient/carer/ guardian (delete as necessary) and from the responses given Oxygen can/cannot (delete as necessary) be requested at this time.			
Clinicians Signature		Profession	
Print Name		HOS team	Yes / No
Contact No.		Date	
Lead Consultant is	(Hospital Discharge only)		

Patient agreement to sharing information

Form issued by:			
Unit/Surgery		**Address**	
Contact name			
Tel no.			
Email			**Postcode**

Patient			
Name		**Address**	
D.O.B.			
NHS number			
Tel/mobile no.			**Postcode**
E-mail		(only include if the patient agrees to email contact)	

My doctor or a member of my care team has explained the arrangements for supplying Oxygen at my premises, that my personal information will be managed and shared in line with the Data Protection Act 1998, Human Rights Act 1998, and common law duty of confidentiality and I understand these arrangements, such that:

1. Information about my condition/condition of the patient named above* will be provided to the Home Oxygen Service (HOS) Supplier to enable them to deliver the Oxygen treatment as per the Home Oxygen Order Form (HOOF).

2. The HOS Supplier will be granted reasonable access to my premises, so that the Oxygen equipment can be installed, serviced, refilled and removed (as appropriate).

3. Information will be exchanged between my hospital care team, my doctor, the home care team and other teams (e.g. NHS administration) as necessary related to the provision, usage, and review, of my Oxygen treatment, and safety.

4. Information will also be shared with the local Fire Rescue Services team to allow them to offer safety advice at my premises and where appropriate install/deliver suitable equipment for safety.

5. Information will also be shared with my electricity supplier/distributer where electrical devices have been installed.

6. From time to time, I may be contacted to participate in a patient satisfaction survey/audit. (delete *should you wish not to participate)*

7. I understand that I may withdraw my consent at any time (at which point my HOS equipment will be removed).

* Delete as applicable			
Patient's signature		**Date**	
(see note 4 where signed and witnessed on patient's behalf)			
I confirm that I have responsibility for the above-named patient e.g. parental responsibility, lasting power of			
Signature		**Name**	
Relationship to patient		**Date**	
I confirm that I am the healthcare professional responsible for the care of this patient and I have completed this form on his/her behalf as s/he is unable to provide/withhold consent. The patient has been given a copy of this form			
Clinician's signature		**Date**	
Name			

Escalation Care Plan: With saturation monitor at home

(to be completed by CNS/Consultant/Neonatal Outreach Nurse)

Date:

Patient Details:

Name of Child: **Date of Birth:**

Address: **Hospital Number:**

Landline/ Mobile phone number:

Clinical Team Details:

Managing Team Consultant in charge of case:

Main site of care:

Local Consultant Paediatrician:

Local hospital:

Community Nurse Team:

Phone no:

Email:

Diagnosis:

1.

2.

3.

Oxygen Ordered: _____**L/min continuous/ at night only** ***(delete as appropriate)***

Variable flow rate: **Min** _____ **L/min to Max** _____**L/min / No variable flow rate set** ***(circle/ delete as appropriate)***

Home Oxygen Supplier:

Home Plan:

- **Saturations should be____ % in____ L/min Oxygen.**
- **When well does not require regular monitoring of oxygen saturations during the day**
- **Continuous oxygen saturation monitoring at night**
- **Check saturations more frequently if concerned or unwell e.g. when increased secretions (has a cold), coughing, or increased work of breathing compared to usual or lethargic (quieter/ more sleepy than usual)**

Emergency Plan at home:

- **Ensure good trace on saturation monitor**
- **If** saturations <92%: **increase oxygen to_____ L/min and continuously monitor oxygen saturations**
- If oxygen increased**: continuously monitor oxygen saturations, try interventions such as suction (if available), removing causes of distress such as pain or wet nappy and slowly try to wean back to usual amount of oxygen over 15- 30 minutes.**
- **If able to get back to usual amount of oxygen with oxygen saturations maintaining within the normal range continue to check saturations more frequently e.g. every hour until unconcerned.**
- If concerned or unwell:

- **increased secretions (has a cold)**
- **coughing**
- **increased work of breathing/ faster breathing compared to usual**
- **lethargic (quieter/ more sleepy than usual)**

❖ Contact Community Nursing Team for advice/ review even if saturations are within normal range

❖ If saturations 89%, blue/ grey colour, particularly at the lips or unable to wean oxygen back to usual amount after 30 minutes call 999 and increase oxygen to _____L/min while waiting for ambulance

❖ Take this care plan with you to hospital

Parents Signature:

Parents Name: Date:

Managing Team Consultants Signature:

Consultant's Name: Date:

Escalation Care Plan: Without saturation monitor at home

(to be completed by CNS/Consultant/Neonatal Outreach Nurse)

Date:

Patient Details:

Name of Child: **Date of Birth:**

Address: **Hospital Number:**

Landline/ Mobile phone number:

Clinical Team Details:

Managing Team Consultant in charge of case:

Main site of care:

Local Consultant Paediatrician:

Local hospital:

Community Nurse Team:

Phone no:

Email:

Diagnosis:

1.

2.

3.

Oxygen Ordered: ____**L/min continuous/ at night only** ***(delete as appropriate)***

Variable flow rate: **Min** ____ **L/min to Max** ____**L/min / No variable flow rate set** ***(circle/ delete as appropriate)***

Home Oxygen Supplier:

Home Plan:

- **Should be pink and well perfused (good colour) in**____ **L/min Oxygen.**
- **Community nursing team can be contacted to check oxygen saturations if required when unwell.**

Emergency Plan at home:

- **If concerned or unwell:**
  - **increased secretions (has a cold)**
  - **coughing**
  - **increased work of breathing/ faster breathing compared to usual**
  - **lethargic (quieter/ more sleepy than usual)**

❖ contact Community Nursing Team for advice/ review

❖ If pale or blue/ grey colour, particularly at the lips, call 999 and increase oxygen to ____L/min while waiting for ambulance.

❖ If few, gasping breaths/ no breaths at all, start Basic Life Support

❖ Take this care plan with you to hospital

Parents Signature:	
Parents Name:	Date:
Managing Team Consultants Signature:	
Consultant's Name:	Date:

Home Oxygen Competency document- COMPETENCIES		Achieved Yes/No	Comments	Review date	Assessor's signature & date	Learner's signature & date
Awareness of why home oxygen is required and understanding of medical condition	• Definition of condition☐ • Rationale for home oxygen☐ • Have read and understood relevant oxygen☐ information booklet☐					
Awareness of signs of respiratory distress	• Respiratory rate/ normal breathing pattern☐ • Colour☐ • Chest movement☐ • Noises associated with breathing☐ • Head bobbing☐ • Recession☐ • Tracheal tug☐ • Nasal flaring☐					
Awareness of deterioration and appropriate actions to follow	• Recognises signs of respiratory distress • Aware of care plan and actions- call CCNT or 999☐ • Aware of appropriate health professionals to contact☐					

COMPETENCIES		Achieved Yes/No	Comments	Review date	Assessor's signature & date	Learner's signature & date
Awareness of health and safety in the home environment	• Flammable issues at home i.e. appliances, incense, candles/naked flames and creams (oils and petroleum jelly creams)☐ • Dangers of smoking/ electronic cigarettes☐ • Pets e.g. chewing on tubing☐ • Fire brigade notified☐ • Notify your gas/electric *(if applicable)* and home/car insurance☐					
Can safely use and maintain equipment at home	• Aware that Oxygen is a drug and should not be adjusted unless advised to do so☐ • Aware of the amount of oxygen they are on☐ • Aware how to use an oxygen cylinder☐ • Aware of back up cylinders☐ • Aware of portable cylinders☐ • Aware how to use concentrator *(if applicable)*☐ • Aware how long each cylinder will last☐ • Knowledge of the appropriate use of the concentrator and when to use cylinders☐ • Understand when to use standard cylinders/ concentrator or portable cylinders appropriately?☐ • Aware that the length of oxygen tubing is depend on the risk assessment – trips/tangles. (P*utting consideration, the room layout and/or other young children/pets)*☐					

COMPETENCIES		Achieved Yes/No	Comments	Review date	Assessor's signature & date	Learner's signature & date
Awareness of equipment necessary to administer oxygen	• Demonstrate how to OPEN and CLOSE the main cylinder valve☐ • Check oxygen cylinder is working☐ • Use of reduction gauge?☐ • Demonstrate how to attach and detach the low flow/micro flow regulator to all types of cylinders installed☐ • Demonstrate how to select the correct flow☐ • Delivery mechanism☐ • Cannula - awareness to place the end of the cannula into a saucer/ cup of water to ensure water bubbles☐ • Parent aware to wipe cannula dry after tipping into water before placing into the child's nostrils ☐					
Able to give oxygen via nasal prongs/cannula/mask/ ventilator/ tracheostomy	• Able to apply prongs correctly ensuring prongs are round the front *(if applicable)*☐ • Aware of face/nose care☐ • Checks nasal prongs daily☐ • Can secure cannula using tapes and changes weekly-monthly?☐ • Recognises when nasal prongs are blocked and aware of troubleshoots☐ • Aware how to apply a face mask and adjust straps- face mask to be					

	changed 6 monthly or when necessary☐ • Aware of how to connect oxygen to ventilator/ tracheostomy *(if applicable)*☐ • Label tubing with date and time☐ • Aware to ensure spare nasal cannula/ tubing and tapes to secure (if applicable) are taken out with the child in case tubing needs replacing☐					
Aware of BLS	• Can perform BLS ☐ • *(For palliative care CYP please follow agreed care plan)*☐					
Aware of the ordering process	• Aware of Oxygen Company contact details☐ • Aware how to order oxygen☐ • Aware if ordering oxygen, a significant amount of time should be allowed☐					

Following completion of training and supervised practice, I …….. *(Print name)* have undertaken the above skills and assessment. I feel confident to manage and care for *[child's name]*……..'s home oxygen.

Signature: …… **Name:** …… **Relationship to the child/ job title:** …… **Date:** ……

Assessor's signature: …… **Name:** …… **Date:** …… ***(Assessor must be competent)***

Forms to be completed by the Children's Community Nursing Team/Community Neonatal Teams

HOME OXYGEN RISK ASSESSMENT FORM PRIOR TO DISCHARGE
(completion by CCNT/CN and copy for the hospital and caregiver)

(See accompanying guidelines on our website/appendix for completion)

Name of Child/Young Person:	
Address:	
Date of Birth:	**Date of Visit:**
Parent/Carers - Present on assessment:	
Property Access	
Property Type:	☐ House ☐ Bungalow ☐ Building level ☐ *Steps- How many*_____ ☐ Flat. ☐ Hallway/exit route free from obstruction? How many levels is the property situated over?_____ Number of occupants_____ ☐ x 1 Lift Access ☐ x 2 Lift Access
Home/Car Insurance:	☐ Family are aware that they need to let their landlord and home insurance company know if they have oxygen in the home.

	☐ Family are aware that they need to let their Car insurance company know if they intend to travel with oxygen in the car?
Physical Environment	
Space for equipment:	☐ Storage for prescribed consumables. ☐ Storage For Oxygen Cylinders/Concentrator ☐ ? Width appropriate for buggy/wheelchair Comments:
CYP Bedroom:	☐ Wall Plug Socket available if having concentrator ☐ Appropriate space for equipment, away from heat sources and direct sunlight ☐ Is this the only address the child will sleep at?
Kitchen:	Open plan living space/kitchen area: ☐ Yes ☐ No Cooker: ☐ Electric ☐ Gas If Gas, aware of risk of open flames ☐
Electricity Payment:	☐ Billed ☐ Pay as You Go ☐ Direct Debit ☐ Family aware of electricity rebate scheme for 02 concentrator?
Smoke Alarms:	☐ How Many ____ Location: ☐ Working
Carbon Monoxide Alarms:	☐ How Many ____ Location: ☐ Working
Fire Brigade:	☐ Are family aware that they can contact the Fire Brigade on the non-emergency number to assess their property and formulate an escape plan for their family and home?

Heating:	☐ Yes ☐ No- is the heating functioning? ☐ Central Heating ☐ Electric Heaters ☐ Gas Fire ☐ Log Fire

Condition of Property

Is the property in…

☐ Good Condition ☐ Significant Disrepair

Is there mould or damp in the property?

☐ Yes Location: _____ ☐ No

Do you have any other concerns regarding the property in regards to the supply and installation of oxygen?

Safety

Telephone:	☐ **Ensure family have access to a telephone.**
Fire Safety:	☐ **Discussed smoking (including e-cigarettes) around the child and oxygen.** ☐ **Discussed use of emollients and flammable skin care products.** ☐ **Discussed use of candles and incense.** ☐ **Discussed use and storage of any other flammable liquids/materials.**
General safety:	☐ **Oxygen tubing can pose a trip hazard. Discuss dangers for children and the elderly.** ☐ **Pets- discuss hazard of pets chewing on oxygen tubing.**

OTHER:	
Transport	
How will the family travel?	☐ Car ☐Bus ☐ Tube/train ☐ Other_____ ☐ Discuss access to transport and ability to travel with oxygen equipment. ☐ Discuss parking and for eligibility for Blue Badge application.
Family	
Support	☐ Is there family support at home to help care for the child? Who will be the main carer? _____ Yes ☐ No ☐ Are the family known to Social services? ☐ Do they have details for Disability Living Allowance?
Language	What is their preferred language? _____ Is an interpreter required? _____
Discharge	
Is a discharge planning meeting required?	Yes ☐ No ☐ Date: _____ ☐Family aware that they will need to bring one portable cylinder with them to hospital for discharge home

Is home suitable for oxygen?	Yes ☐ No alteration required. Yes ☐ But, but some steps advised to reduce risk, inform hospital and document in notes. No ☐ Home Unsuitable for oxygen due to_____ _____
Risk assessment completed by:	Name: Signature: Designation: Date:
Parent/ Carer present at risk assessment:	Name: Signature: Date:

Please send a copy of this form to the clinician requesting/ordering home oxygen

Home Oxygen Review Form: Post Discharge from hospital

(Home Visit Review completed within 24 hours) – Please see guidelines on our website for completion

Name of Child/Young Person:	
Address:	
Date of Birth:	**Date of Visit:**
Parent/Carers Present on assessment:	
Property Access	
Oxygen:	☐ Installed correctly with correct flow dial ☐ Family aware of child's oxygen requirements and how to escalate (according to plan) ☐ Family aware of care and can fit interface (nasal prongs/face mask/ventilator/tracheostomy mask/Swedish nose to oxygen. ☐ Family aware of contact details if equipment or supplies required, i.e. oxygen cylinders, oxygen tubing and length safe enough to move in the room however considering risks of trips/tangle if child is active. ☐ Frequency and care of nasal prongs or face mask discussed. ☐ Aware how to check oxygen cylinder is working and when to contact oxygen supplier for a refill. ☐ Check that the oxygen prescription is correct and relates to equipment provided in home.
Emergency:	☐ Escalation plan is present in the home and family of how to follow it. ☐ Family aware of what to do in the event of an emergency? ☐ Understand the signs of a deteriorating child. ☐ BLS completed.
Social Support:	☐ Do the family have a good support network? ☐ Do they receive Disability Living Allowance (DLA) for children/Personal Independence Payment (PIP) (if applicable). https://www.gov.uk/pip/what-youll-get & https://www.gov.uk/disability-living-allowance-children

CCNT Support:	☐ Do family have correct contact details for CCNT, H@H, NCOT, CNS, Ward? ☐ CCNT role and level of support explained (follow nursing care plan on next visit see (appendix 2) ***CCNT should visit within 24hours of discharge home.***
Follow up	☐ SpO2 monitoring at least weekly (please see local policy/ PPLOG weaning guidelines). ☐ Hospital OPA in 4-6 weeks with managing team (BTS, 2009). ☐ Developmental team: physiotherapy, hearing, eyes (if required) ☐ Dietician ☐ Other appointments: ☐ Annual review letter (see appendix 3)
Safety	☐ Oxygen stored safely ☐ Reinforce no smoking/open flames ☐ Check smoke alarm installed and working
Baseline Observations:	☐ SpO2…… ☐ HR…… ☐ RR……
Plans for saturation monitoring and sleep studies:	☐ Plan for 1st oximetry/sleep study discussed.
First Home Visit Assessment Completed by:	Name: Signature: Designation: Date:
Parent/ Carer present at first home visit assessment:	Name: Signature: Date:

References

Abbvie. Synagis (palivizumab): A guide for parents 2017. P. 3-8.

Adams J. M and Stark A. R (2015) Management of bronchopulmonary dysplasia: Up to date, Wolters Kluwer

Ambalavanan N (2014) Bronchopulmonary Dysplasia Treatment & Management. Medscape Reference – Drugs, Disease & Procedures

Balfour- Lynn I. M, Primhak R. A and Shaw B. N. J (2005) Home oxygen for children: who, how and when? Thorax. 60:76 – 81

Balfour-Lynn I. M, Field D. J, Gringras P, Hicks B, Jardine E, Jones R. C, Magee A. G, Primhak R. A, Samuels M. P, Shaw N. J, Stevens S, Sullivan C, Taylor J. A, Wallis C (2009) BTS guidelines for home oxygen in children. Thorax. 64 (Suppl ll):ii1-ii26 doi:10.1136/thx.2009.116020

Bliss (2012) The Bliss Baby Charter Standards. Bliss, London.

Bliss Going from the Neonatal Unit – a guide, (2020

British Compressed Gases Association (2014) Leaflet 16- The Safe Use of Electronic Cigarettes and Other Electronic Devices Used Near Medical Oxygen. British Compressed Gases Association, Derby.

Britton J. R (2012) Altitude, oxygen and the definition of bronchopulmonary dysplasia: Journal of Perinatology.32: 880-885

Channon S and Bisset S (2016) NHS National Home Oxygen Safety Committee: Background Document Initial Home Oxygen Mitigation Form – Briefing Document

Cherian S, Morris I, Evans J and Kotecha S (2014) Oxygen therapy in preterm infants: Paediatric Respiratory Reviews. 15: 135-141

Garde, A.J., Bhatt, J.M., Rjabova, T. and Evans, H.J. (2021) Home oxygen in neonatal chronic lung disease, *Infant*, 17(1), pp. 21-24.

Great Ormond Street Hospital (2014) Oxygen therapy administration in a non-emergency situation: Clinical guidelines

Greenough A, Alexander J, Burgess S, Chetcuti P. A. J, Cox S, Lenney W, Turnbull F, Shaw N. J, Woods A, Boorman J, Coles S and Turner J (2002) Home oxygen status and rehospitalisation and primary care requirements of infants with chronic lung disease. Arch Dis Child. 86: 40-43

Green book (2015)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/458469/Green_Book_Chapter_27a_v2_0W.PDF

Lagatta J. M, Clark R. H, Brousseau D. C, Hoffmann R. G and Spitzer A. R (2013) Varying Patterns of Home Oxygen Use in Infants at 23-43 Weeks' Gestation Discharged from United States Neonatal Intensive Care Units: The Journal of Pediatrics. 163 (4) 976-982

O'Donohue W. J and Plummer A. L (1995) Magnitude of Usage and cost of Home Oxygen Therapy in the United States. Chest. 107 (2) 301-302

POPPY Steering Group (2009) Family-centred care in neonatal units. A summary of research results and recommendations from the POPPY project. London: National Childbirth Trust

MacLean J. E and Fitzgerald D. A (2006) A rational approach to home oxygen use in infants and children. Paediatric Respiratory Reviews. 7 (3) 215-222

National Institute for Health Research (2013) INVOLVE Exploring the impact of public involvement on the quality of research: examples

National Guideline Clearinghouse (2006) Complete Summary: Oxygen therapy for adults in an acute care facility: 2002 revision and update. www.guidelines.gov. Viewed on: 15/5/2008

NHS Primary Care Commissioning (2011) Home Oxygen Service – Assessment and Review: Good practice guide

NHS Quality Improvement Scotland (2010) Best Practice Statement: Home oxygen therapy for children being cared for in the community

Nursing and Midwifery Council (2015) The Code: Professional standards of practice and behaviour for nurses and midwives. NMC, London

Nzirawa T (2015) Caring for children with complex needs. Nursing Management. 22(5) 32-38

Nzirawa T, Haque A and Mas A (2017) Primary Caregivers of infants on home oxygen therapy. Journal of Neonatal Nursing.http://dx.doi.org/10.1016/j.jnn.2017.02.002

Nzirawa T. Management of chronic lung disease infants in the community. Journal of Neonatal Nursing 2018; 24; pp. 11-115

Nzirawa T: Infant immunisation case study- cited by Green et al (2019) Health Promotion: Planning and Strategies 4th Edition

Schulga, P., Corley, P., Manjunatha, C.M. and Gopalakrishnan, P.N. (2019) Home oxygen for infants leaving neonatal units: a nationwide survey, *Infant*, 15(3), pp. 110-13.

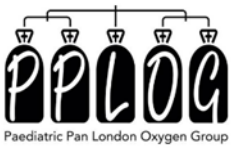
Suntharalingam, J., Wilkinson, T., Annandale, J., Davey, C., Fielding, R., Freeman, D., Gibbons, M., Hardinge, M., Hippolyte, S., Knowles, V., Lee, C., MacNee, W., Pollington, J., Vora, V., Watts, T. and Wijesinghe, M. (2017) British Thoracic Society quality standards for

home oxygen use in adults, *BMJ Open Respiratory Research*. DOI::10.1136/ bmjresp-2017-000223

Wedzicha J. A and Calverley P. M. A (2006) All change for home oxygen services in England and Wales. Thorax, 61: 7-9 doi:10.1136/thx.2005.056192

Wilson E, Nzirawa T and Mannan K. Quality of life of parents with premature babies on home oxygen therapy. Journal of Neonatal Nursing 2019; 26 (1): pp. 49-52 http://doi.org/10.1016/j.jnn.2019.07.005

Zanardo V and Freato F (2001) Home oxygen therapy in infants with bronchopulmonary dysplasia: assessment of parental anxiety. Early Human Development. 65 (1) 39-46


PPLOG
Paediatric Pan London Oxygen Group

APPENDIX 1: Glossary of Terms and Abbreviations

A&E	Accident and Emergency Department also known as Emergency Department (ED) or Emergency Room (ER)
BLS	Basic Life Support
BTS	British Thoracic Society
CCNT	Children's Community Nursing Team
Child	Throughout this document the term 'child' is used to refer to babies, children and young people
CNS	Clinical Nurse Specialist
DLA	Disability Living Allowance (Under 16 years of age)
DPM	Discharge Planning Meeting
EHC or EHCP	Education Health and Care Plan
EHIC	European Health Insurance Card
GP	General Practitioner/ Family Doctor
HOCF	Home Oxygen Consent Form
HOOF	Home Oxygen Order Form
HR	Heart Rate
Managing team	The team that made the decision that the child requires Home Oxygen Therapy and/ or will be following up the management of the Home Oxygen Therapy
MDT	Multi-Disciplinary Team

OPA	Out-Patient Appointment
PIP	Personal Independence Payment (16 years+)
PPLOG	Paediatric Pan London Oxygen Group
Rooming in	Parent(s)/ Carer(s) stay by the child and care for all of their care needs including any new healthcare needs in order to ensure that they are confident at caring for the child independently. This is usually for a minimum of a 24 hour period so that they are aware of how to care for the child's needs both day and night if applicable
RR	Respiratory Rate
RSV	Respiratory Syncytial Virus (a common virus that causes coughs and colds in winter; the most common cause of bronchiolitis in infants)
SEN	Special Educational Needs
SpO_2	Peripheral capillary oxygen saturation

APPENDIX 2: Nursing Care Plan to Facilitate the Safe Discharge Planning of an infant/child/young person on Home Oxygen

Nursing Care Plan-Oxygen Therapy Management

The following care plan must be discussed and agreed with the parent/carer. It can be amended according to the needs of the patient. If there are any changes required after the 'completion of the care plan' the current plan must be reviewed and signed again with agreement of the parent/carer.

To be kept in the patient file by the Community Nursing Team.

Name	NHS number	Date of birth	Hospital and Hospital number

Issues Identified: Oxygen dependent Child
Goal/Aim: Oxygen therapy is used to decrease work of breathing by increasing alveolar oxygen tension • For the oxygen therapy to benefit the child's clinical status and improve health • For the child to be able to receive oxygen therapy in their home safely and for parents to be aware of the risks and adhere to appropriate measures to optimise safety • For the child to be successfully be weaned off oxygen as tolerated/ if appropriate (refer to the PPLOG weaning guidance)
Action/Intervention:

Checklist	Date	Signed by nurse
Assessment post discharge completed		

Documents/information leaflets given to parents		
Competency completed		
All supplies in place		
Contact numbers provided		

Medical history	
Oxygen requirement currently	Oxygen Provider: _____ Amount of oxygen: _____Litres <u>Method of administration</u>: (Please circle) e.g.: Mask/ Cannula (Type- please give details) Other: _____ <u>Device: (Please circle)</u> Cylinder: Compressed gas/ Liquid (Please circle) Concentrator
Baseline observation	Heart Rate: Effort in breathing: Saturation: Respiratory rate:
If child's observations are within these parameters, they must go hospital to be reviewed	Heart Rate below: Heart Rate above: Saturations below: Respiratory Rate above: Respiratory Rate below:
Parents understand signs of symptoms of	Yes☐ No☐: No? -Action plan:

<table>
<tr><td>an emergency and what actions to take</td><td>Details/Notes:
<table><tr><td>Oxygen Increase Amount</td><td>_____Litres</td></tr><tr><td>Contacts in emergency</td><td>Name: _____
Position:_____
Number: _____</td></tr></table></td></tr>
<tr><td>Agreed frequency of visits</td><td>Preferred days and time (According to local guidelines):</td></tr>
<tr><td>What would you expect from your visit?</td><td></td></tr>
<tr><td>What would you like your nurse to do for your child? (Parent’s perspective)</td><td></td></tr>
<tr><td>First visit conducted</td><td>Date: Notes:</td></tr>
<tr><td>Plan for oxygen weaning:</td><td>According to local policy usually oxygen weaning will take place after a successful sleep study/ room air challenge.
We will attempt this:
_____Months _____Weeks</td></tr>
<tr><td>Signature to confirm agreement with care plan</td><td>Parent/carer name and signature: _____

Named nurse name and signature: _____
DATE:</td></tr>
</table>

APPENDIX 3: Annual Review Letter

Home Oxygen Therapy annual review letter

Date:
NHS no:

Dear Parent/Carer,

RE:

Following updated requirements from Baywater Homecare Healthcare Provider, The Paediatric Pan London Oxygen Group (PPLOG) and London Clinical Oxygen Network (LCON), it is mandatory for your child's oxygen requirement and prescription to be reviewed on an annual basis. This may differ if your child is on a weaning regime, in which case this would be a more frequent occurrence.

Please remember that oxygen is a drug and it must be reviewed like all other medication to ensure your child is receiving the appropriate amount for their medical need and meeting health and safety regulations (NICE guidance, 2017).

Your community nurse, outreach nurse or clinical nurse specialist will also make you aware that the oxygen prescription is being reviewed and if there are any amendments to the equipment that you are using. This includes arrangements for the removal of the oxygen equipment when it is no longer required.

If you have any concerns with the above or your amended prescription please speak to your community nurse, outreach nurse or named clinical nurse specialist.

Yours sincerely,

Supported by the Paediatric Pan London Oxygen Group (PPLOG)