

Forms to be completed by the ward staff

HOME OXYGEN WITH NIV/LTV DISCHARGE PLANNING CHECKLIST- (to be completed by ward staff)

NAME		ADDRESS:
DOB:		
NHS NUMBER:		
CONSULTANT:		
CRITERIA	Sign & Date completed	COMMENTS
CYP weaned to an appropriate level of supplemental oxygen which is achievable and safe to deliver in the home setting		
<p>If possible, CYP has been sent on home leave and equipment trialled on the current settings of CPAP/BIPAP, with the current oxygen requirement.</p> <ul style="list-style-type: none"> We advise that equipment should be trialled on the CYP CYP's o2 sats must be monitored. If this is not possible, complete a home sleep study within the first few nights after discharge 		
<p>Ensure any troubleshooting issues have been resolved prior to discharge.</p> <p>This could include:</p> <ul style="list-style-type: none"> Concentrator unable to deliver the desired amount of oxygen The child requires a different oxygen flow rate via the concentrator Managing a CYP de-saturating 		
<p>Health professional has checked if parents are satisfied that their CYP is comfortable on the ventilator at home during home trial;</p> <ul style="list-style-type: none"> Is the child receiving the desired pressure? Is the child receiving the desired oxygen requirement? Is the child saturating at their medically agreed baseline? 		
<p>Has a health professional with expertise/ knowledge in home oxygen been involved? (especially for complex discharges)</p> <p>Recommendation: <i>To consider involving a nurse/AHP/doctor within expertise/sound knowledge in home oxygen therapy for CYP, in the multi-disciplinary team meetings to discuss oxygen delivery methods and management</i></p>		
<p>Follow up sleep study discussed with CYP & parents and booked within 1 - 3 months of discharge. This can be an oxygen saturation monitoring +/- CO2 monitoring</p> <p><i>*If a CYP/parent/health professional raises any concerns then a sleep study should be arranged earlier than planned and appropriate measures taken for the CYP to be medical reviewed</i></p>		
<p>Ensure that the respiratory care plan has L/min* documented rather than FiO₂ %** to maintain consistency.</p> <p>*l/min or L/min - Litres per minute</p> <p>** FiO₂ % - fraction of inspired oxygen</p>		

Discharged DATE: TIME: Checklist checked and complete

Discharging clinician: Signature: