

Domiciliary Oxygen Therapy Prescription (version 2)

In accordance with the Thoracic Society of Australia and New Zealand 2005 Position Statement

CONTRAINDICATIONS for DOMICILIARY OXYGEN THERAPY

1	Current tobacco smokers
2	Dyspnoea in COPD with PaO ₂ ≥ 60mmHg
3	Patients who have not received adequate therapy of other kinds (e.g. maximised medications, pulmonary rehab, enough time to recover from acute illness)
4	Patients who are not motivated to undertake the discipline involved in the application of oxygen therapy.

INDICATIONS

Detailed information can be found in the following documents:

Adult Domiciliary Oxygen Therapy Position Statement of the Thoracic Society of Australia and New Zealand:

https://www.mja.com.au/system/files/issues/182_12_200605/mcd10865_fm.pdf

Department of Veterans Affairs (DVA) (<http://www.dva.gov.au/sites/default/files/dvaforms/D0804.pdf>)

1	Continuous	a) COPD with PaO ₂ ≤ 55mmHg	ABGs must be taken at rest, after 20 mins on room air, on optimal treatment, NOT during an ACUTE EXACERBATION or while clinically UNSTABLE.
		b) PaO ₂ 56-59mmHg	With evidence of cor pulmonale or 2 ^o polycythaemia.
Identify the oxygen flow which maintains PaO ₂ >60mmHg			
2	Exertional	<p>NOT routinely provided on discharge from Hospital. Only provided in the following circumstances:</p> <ul style="list-style-type: none"> • Palliative patients • Exceptional circumstances when approved by a Respiratory Physician • In ALL other instances an oxygen assessment needs to be conducted once the patient is in a stable phase of the condition, at 4-6 weeks post discharge from hospital. <p>The patient MUST demonstrate evidence of significant exercise induced oxygen desaturation on an exertional test while breathing room air. PLUS A demonstrable improvement in exercise performance on supplemental O₂ PLUS Minimum O₂ flow required to achieve improvement.</p>	
3	Nocturnal	e.g. with Continuous Positive Airway Pressure (CPAP) or as prescribed by a Respiratory Sleep Physician	
4	Emergency	Indicated in patients with SEVERE ASTHMA who are prone to sudden, life threatening episodes especially those in remote areas.	
5	Palliative	Possibly indicated in terminally ill patients with evidence of hypoxaemia (SpO ₂ < 90%) and a life expectancy of less than 3 months . Oxygen use is for the relief of symptoms initially as a 2 week trial including heart failure patients.	

Reassessment requirements whether a patient is prescribed O₂ on discharge or at a medical appointment

Reassessment **must** occur within 6 weeks after initial assessment and when the patient is in a **stable** condition (usually 4-6 weeks) to determine the ongoing oxygen requirements. Requirements as outlined above **must** be met for continuation of oxygen therapy at the 6 week review.

Energy Subsidy – Please advise the patient that they may be eligible for financial assistance with the cost of electricity to operate a concentrator or NIV device from the State Government Department of Finance. Complete a form at:

http://www.finance.wa.gov.au/cms/TwoColumns_Content.aspx?Pageid=17638&id=1280.

Fax to: Silver Chain Nursing Association: Phone: 9242 0242 or 1300650803 Fax: 9444 7265

WACHS: contact local health service: [WA Country Health Service website](#)

DVA referrals* Phone: 9366 8395

Residential Aged Care: see letter below

Domiciliary Oxygen Therapy Prescription

Dr Referring Dr's name

Department:

Address:

Phone:

Fax:

Provider Number:

Mobile:

Email:

Date:

Aged Care Payment Section
Commonwealth Department of Health and Aged Care
GPO Box 9848
PERTH WA 6848

Dear Sir/Madam

Re: Patient's name

The above named patient requires Domiciliary Oxygen Therapy from Date.

This is a permanent / temporary prescription.

Yours sincerely

Name

Attention: Residential Aged Care Facility:

Please keep a copy of this letter in the patient's file and send this original to the address above, to claim reimbursement of the costs of the oxygen.