



Neonatal Managed Clinical Network Scotland

Teaching Package for Home Oxygen for Neonates

BABY'S NAME:-.....

Date started:

D.O.B:-.....

Date completed:

CHI NUMBER:-.....

CONSULTANT:-.....

HOSPITAL:-

Criteria for home oxygen

Infants need to be feeding independently and have adequate weight gain.

Parents need to provide informed verbal consent following discussions with the neonatal team that they are willing to provide continuing care of oxygen within the community setting with support from health to manage this care.

Infants need to be stable in the flow of oxygen set by Neonatal Consultant with no bradycardias or desaturations requiring adjustment to the set flow. Neonatal Consultant will set the prescribed flow and order the installation of oxygen by completing a SHOOF form.

In the week leading up to discharge, ensure package is completed and that parents are happy with progress and feeling confident regarding assessing their infants respiratory effort and health. Ensure that parents are happy with oxygen equipment and especially changing and securing nasal prongs. Discontinue continuous monitoring

Discharge date to be determined once oxygen has been put into the home by Dolby Vivisol and all relevant parties are informed of the use of oxygen.

Forms to be completed by the ward staff

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

Name: DOB: Chi Number: Consultant:	Address:
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CRITERIA	Sign & Date completed	COMMENTS
Oxygen Family know why the child is going home on oxygen		
Oxygen saturation study downloaded to determine flow rate required for safe discharge		
Parents have given verbal consent on home oxygen installation		
Home Oxygen have been requested by Neonatal Consultant (SHOOF) or Neonatal Community Nurses		
Home Oxygen has been installed Yes <input type="checkbox"/> No <input type="checkbox"/>		
Portable cylinder brought in from home is on the ward (<i>to travel home on</i>)		
Car Seat challenge completed (<i>at least 30 minutes, saturating >93%</i>)		
Immunisations up to date? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Eligible for RSV Vaccine (Palivizumab)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Home Oxygen Competency document completed by main parent(s)/ carer(s) Date:		
Home Oxygen Escalation Plan has been completed Yes <input type="checkbox"/> No <input type="checkbox"/>		
Parent/ carer has "roomed in" and is able to provide 24hrs of continuous care Date:		
Explained to parents that oxygen is a drug, managed as a medication, therefore it must be prescribed. Too much or too little can be dangerous. Unless advised to do so, do not change the flow rate of the oxygen.		
Discharge planning meeting required Yes <input type="checkbox"/> No <input type="checkbox"/> Date of the meeting:		
Health Visitor informed of discharge: Parents have registered with GP:		
Emergency- check family: Had Basic Life Support (BLS) training & demonstrated understanding Date: NHS Lothian - https://children.nhslothian.scot/departments-services/?_sft_category=emergency		
Parents know who to contact when unwell and have correct contact details for Community Neonatal Outreach Team or Children Community Nurses Team		
Has paper copy of Neonatal Discharge Summary and Escalation Care Plan Yes <input type="checkbox"/> No <input type="checkbox"/> (<i>To be used to present in A&E in event of urgent care</i>)		

Discharged on:

At:

Escalation Care Plan (to be completed by Consultant)

Date:

Patient Details

Name: _____ Date of birth: _____

Address: _____ CHI Number: _____

Telephone number: _____

Clinical Team Details

Named Consultant: _____

Local hospital: _____

Community Nursing Team: _____

Diagnosis

1. _____
2. _____
3. _____

Oxygen prescribed: L/min

Emergency plan at home:

If concerned or unwell with any of the following:

- A high temperature (fever)
- Dry and persistent raspy coughing
- Difficulty feeding / vomiting feeds
- Increased work of breathing / noisy breathing / faster breathing
- Lethargic (quiet / sleeping more than usual / difficult to rouse)
- ✚ If pale or blue / grey, particularly at the lips, call 999 and increase oxygen toL/min while waiting for ambulance
- ✚ If gasping for breath / no breath at all, start basic life support

Parents signature: _____

Parents Name: _____

Date: _____

Consultants signature: _____

Consultant's name: _____

Date: _____

Home Oxygen Competency document- COMPETENCIES (to be completed by ward staff)		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	<ul style="list-style-type: none"> • Rationale for home oxygen <input type="checkbox"/> • Have read and understood relevant oxygen information booklets - <ul style="list-style-type: none"> ▫BLISS Going home on oxygen- https://www.bliss.org.uk/parents/going-home-from-the-neonatal-unit/going-home-on-oxygen ▫BLISS Common winter illnesses ▫DolbyVivisol Babies, Toddlers and Children with Oxygen at Home ▫Dolby Vivisol Your Portable Oxygen Cylinder ▫Assessing baby's breathing 					
Awareness of signs of respiratory distress	<ul style="list-style-type: none"> • Respiratory rate/ normal breathing pattern <input type="checkbox"/> • Colour <input type="checkbox"/> • Chest movement <input type="checkbox"/> • Noises associated with breathing <input type="checkbox"/> • Head bobbing <input type="checkbox"/> • Recession <input type="checkbox"/> • Tracheal tug <input type="checkbox"/> • Nasal flaring <input type="checkbox"/> 					
Awareness of deterioration and appropriate actions to follow	<ul style="list-style-type: none"> • Recognises signs of respiratory distress • Aware of escalation care plan - call 999 <input type="checkbox"/> • Aware of appropriate health professionals to contact <input type="checkbox"/> • Aware readmission will be to Children's Hospital (RHCYP) <input type="checkbox"/> • Aware of reasons for potential readmission <input type="checkbox"/> 					

	COMPETENCIES	Achieved Yes/No	Comments	Review date	Assessor's signature & date	Learner's signature & date
Awareness of health and safety in the home environment	<ul style="list-style-type: none"> • Flammable issues at home i.e. appliances, candles/naked flames and creams (oils and petroleum jelly) <input type="checkbox"/> • Dangers of smoking/ electronic cigarettes <input type="checkbox"/> • Pets e.g. chewing on tubing <input type="checkbox"/> • Contact Fire Brigade notify of home oxygen and request home safety visit <input type="checkbox"/> • Notify your home insurance <input type="checkbox"/> • Notify car insurance <input type="checkbox"/> 					
Able to give oxygen via nasal prongs/cannula	<ul style="list-style-type: none"> • Able to apply nasal prongs correctly <input type="checkbox"/> • Aware of face/nose care <input type="checkbox"/> • Checks nasal prongs daily <input type="checkbox"/> • Can secure prongs using tapes and change weekly <input type="checkbox"/> • Recognises when nasal prongs are blocked and aware of how to troubleshoot <input type="checkbox"/> • Always ensure you have a spare nasal cannula/prong and tapes to secure when travelling in case needing to replace <input type="checkbox"/> 					
Can safely use and maintain equipment at home	<ul style="list-style-type: none"> • Aware of the amount of oxygen they are on <input type="checkbox"/> • Aware how to use an oxygen cylinder <input type="checkbox"/> • Knowledge of the appropriate use of the concentrator and when to use cylinders <input type="checkbox"/> • Demonstrate how to OPEN and CLOSE the main cylinder valve <input type="checkbox"/> • Check oxygen cylinder is working <input type="checkbox"/> • Demonstrate how to attach and detach the low 					

	flow/micro flow regulator to all types of cylinders installed <input type="checkbox"/> • Demonstrate how to select the correct flow <input type="checkbox"/>					
Aware of BLS/Safe sleep	• Aware of safe sleep positioning (parents given Lullaby Trust Safe Sleep for Preterm Infants) • Can perform BLS <input type="checkbox"/>					
Aware of the ordering process	• Aware of Oxygen Company contact details <input type="checkbox"/> • Aware how to order oxygen <input type="checkbox"/> • Aware if ordering oxygen, a significant amount of time should be allowed <input type="checkbox"/>					

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*)

Home Oxygen Review Form: Post Discharge from hospital

(Home Visit Review completed within 24 hours) – to be completed by Neonatal Community Outreach Team

Name of Child/Young Person:	
Address:	
Date of Birth:	Date of Visit:
Parent/Carers Present on assessment:	
Property Access	
Oxygen:	<input type="checkbox"/> Installed correctly with correct flow dial <input type="checkbox"/> Family aware of child's oxygen requirements and how to escalate (according to plan) <input type="checkbox"/> 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 <input type="checkbox"/> Frequency and care of nasal prongs or face mask discussed <input type="checkbox"/> Aware how to check oxygen cylinder is working and when to contact oxygen supplier for a refill <input type="checkbox"/> Check that the oxygen prescription is correct and relates to equipment provided in home
Emergency:	<input type="checkbox"/> Escalation plan is present in the home and family know to follow it <input type="checkbox"/> Family aware of what to do in the event of an emergency? <input type="checkbox"/> Understand the signs of a deteriorating child <input type="checkbox"/> BLS completed
Social Support:	<input type="checkbox"/> Do the family have a good support network? <input type="checkbox"/> 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
Contact:	<input type="checkbox"/> Do family have correct contact details for Neonatal Community Outreach Team <p>NCOT should visit within 24hours of discharge home</p>
Follow up	<input type="checkbox"/> SpO2 monitoring at least weekly (please see local policy/ weaning guidelines) <input type="checkbox"/> Hospital OPA in 4-6 weeks with managing team (BTS, 2009).

	<input type="checkbox"/> Developmental team <input type="checkbox"/> Dietician <input type="checkbox"/> Other appointments:
Safety	<input type="checkbox"/> Oxygen stored safely in the home <input type="checkbox"/> Reinforce no smoking/open flames <input type="checkbox"/> Ensure fire safety check completed by Fire Brigade
Baseline Observations:	<input type="checkbox"/> SpO2 <input type="checkbox"/> HR <input type="checkbox"/> RR <input type="checkbox"/> Other observations:
Plans for saturation monitoring and sleep studies:	<input type="checkbox"/> Plan for 1 st oximetry saturation study discussed
First Home Visit Assessment Completed by:	Name: Signature: Designation: Date:
Parent/ Carer present at first home visit assessment:	Name: Signature: Date:

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