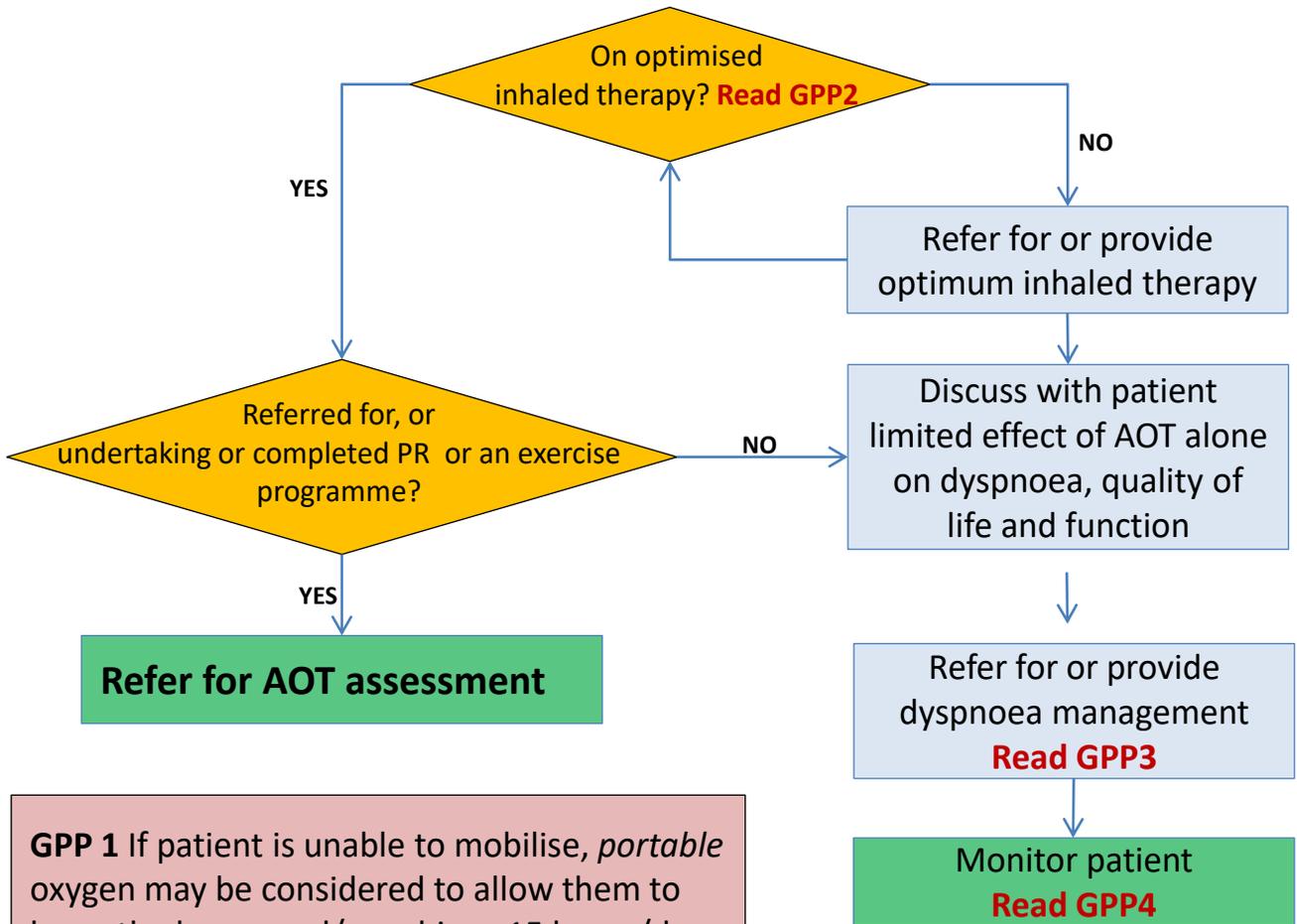


Referral for Ambulatory Oxygen Therapy (AOT) Assessment

- Consider referral if patient:**
1. Has detected or suspected desaturation on activity OR
 2. Uses LTOT, and is mobile and leaves the house **Read GPP1**
 3. Non-smoker or smoking cessation has been offered



GPP 1 If patient is unable to mobilise, *portable* oxygen may be considered to allow them to leave the house and/or achieve 15 hours/day; a formal assessment is not required

GPP 2: **Not** necessarily triple therapy, but the appropriate therapy for the disease stage

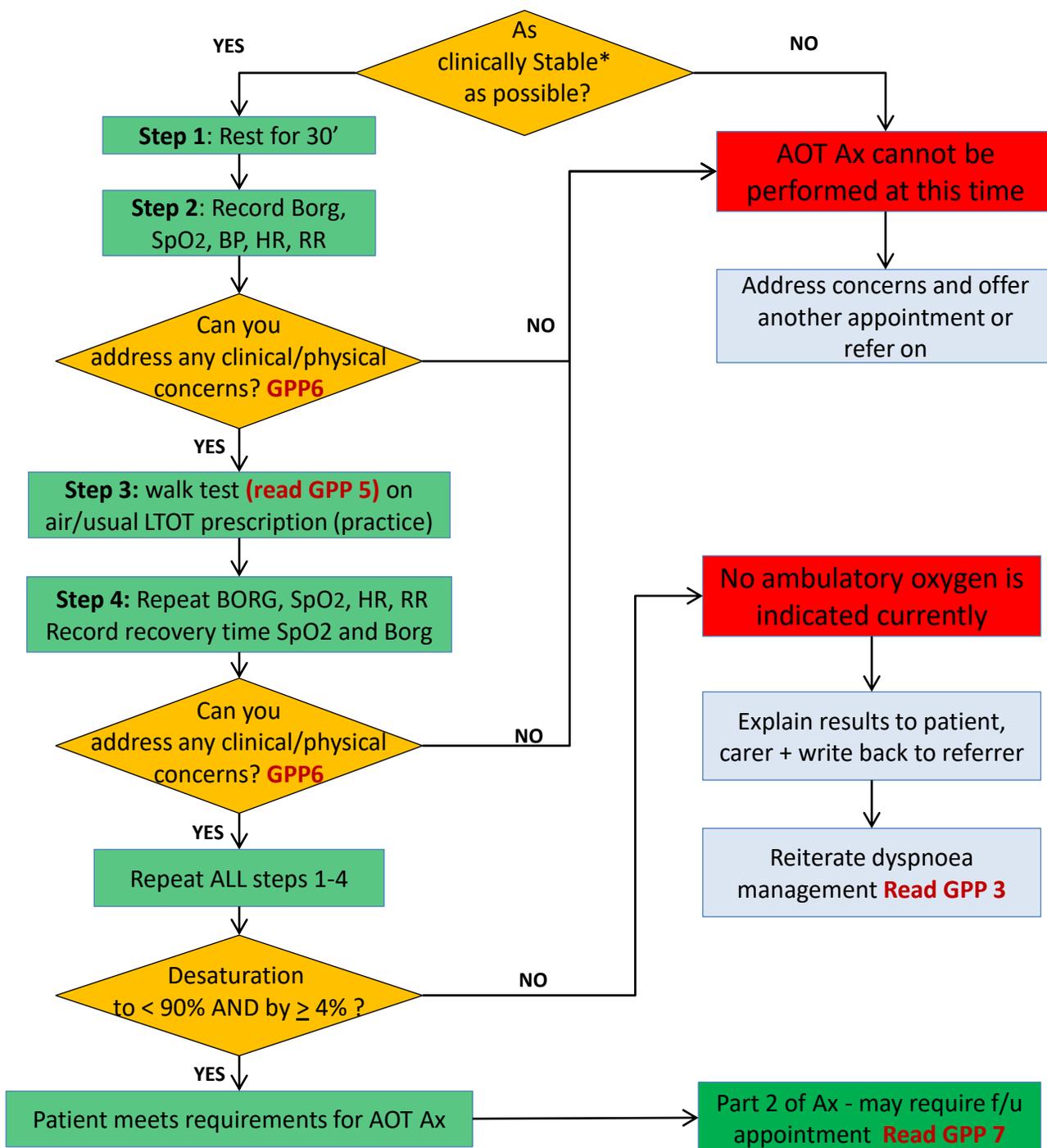
GPP3. Opiates, a fan, breathing techniques, pacing, energy conservation, stress & anxiety management

GPP 4. with advice to monitor SpO2 every 6/12 and refer back to HOS-AR if meets criteria in future

Abbreviations:

Ax=Assessment
 PR=Pulmonary Rehabilitation
 GPP=Good Practice Point
 FR = Flow rate
 HOS-AR=Home Oxygen Service Assessment & Review

Ambulatory Oxygen Therapy (AOT) Assessment Procedure Part 1



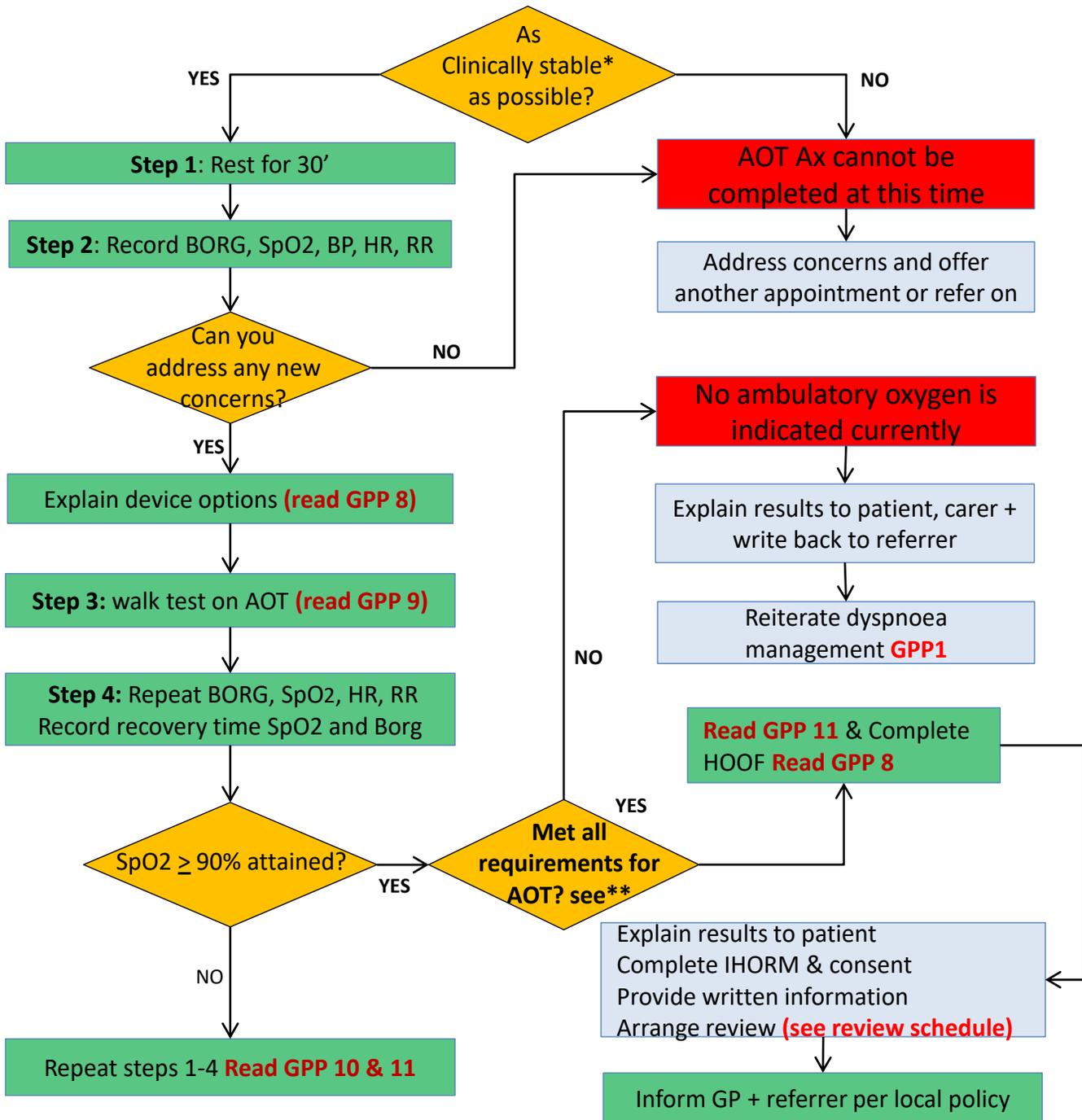
***Clinical stability:** Ideally 8/52 (less if exacerbates more frequently)

GPP 5. A validated field test must be used as designed, including length of course & a practice

GPP 6. If balance impaired, leans on walls, or reports helpful to use shopping trolley, consider Ax with delta frame; if helpful and patient willing to use, use for entire assessment.

GPP 7. To titrate AOT adequately, complete assessment may take >1 appointment to avoid excessive walking tests at each appointment as this is tiring for patients and could skew results

Ambulatory Oxygen Therapy (AOT) Assessment Procedure Part 2



- GPP 8** Replicate how patient will use it: carry (how?), wheel (stick, trolley or transportable?)
- GPP 9** Consider using FR prediction tool for ESWT as guide. Appendix 1 BTS Guidelines
- GPP 10** Continue titrating AOT in separate walks until SpO2 maintained $\geq 90\%$ if possible. If max FR /setting was used, another device or interface may be more effective
- GPP 11** Reduce AOT FR post recovery + stop and remove once SpO2 stable

** Improvement in any 2 justifies home trial of AOT: SpO2 >90%, ↓SOB, >10% ↑ in walk test

Ambulatory Oxygen Therapy (AOT) Review Schedule

Patients started on AOT should be reviewed regularly

If AOT was started during an exacerbation or when unwell, an initial review at 4–6 weeks is essential, to check whether AOT is still indicated

Home visits may be useful to identify problems with equipment or set-up



Review risk, device, concordance and oxygen order as required or indicated (call supplier if needed)

Troubleshoot any issues

Discuss any discrepancies with patient reported use, or issues highlighted



Further reviews should be carried out 6 monthly, when stable, or sooner (eg in IPF) if patient's clinical status changes

Reassess using current prescription
Adjust flow rate and device as required