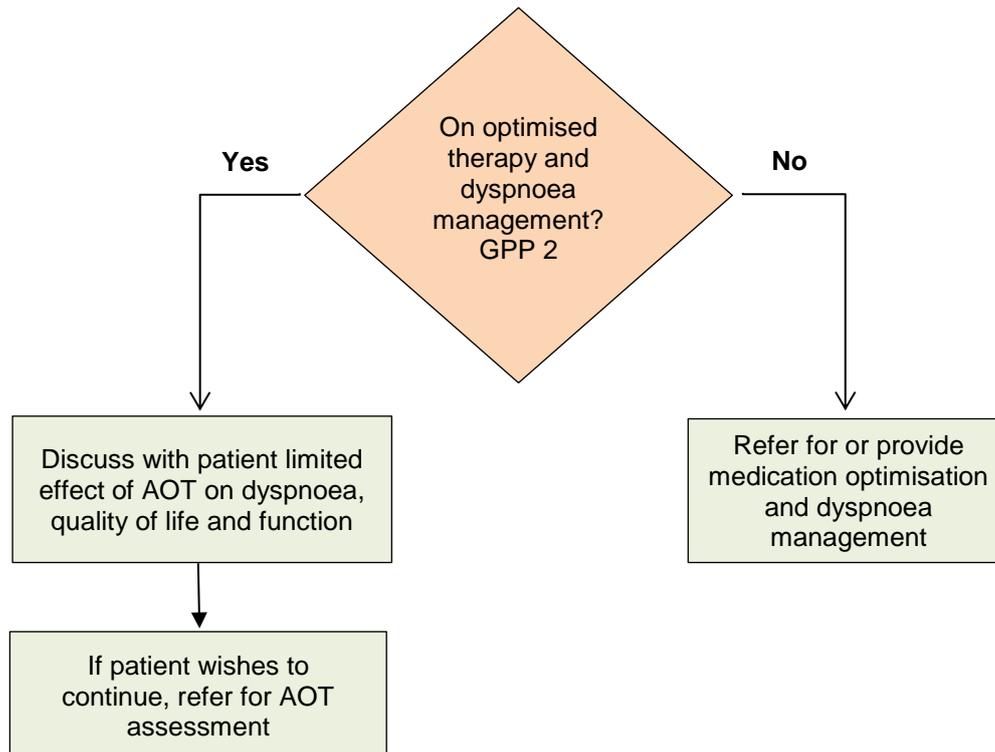




Referral for Ambulatory Oxygen – Palliative Patients Pathway

Consider referral if patient has confirmed palliative diagnosis and breathlessness on exertion and either:

1. Uses oxygen at rest and leaves the house GPP 1
2. Has detected or suspected desaturation on activity
3. Is being assessed and reviewed elsewhere for dyspnoea management.



GPP 1. If a patient is unable to mobilise, *portable* oxygen may be considered to allow them to leave the house

GPP 2. This may be anything that optimises their condition or manages their dyspnoea: fan therapy, breathing techniques, energy conservation, stress and anxiety management, opiates, analgesia/diuretics



Ambulatory Oxygen Therapy Assessment– Palliative Patients

Pre-assessment considerations:

1. Assess for clinical stability. Does patient need referral elsewhere for stabilising if appropriate?
2. Telephone call: Screen for multifactorial causes of breathlessness and ensure these have been addressed. GPP 2
3. Discuss with referring clinician and/or patient/carer pharmacological and non-pharmacological measures and limited evidence basis for oxygen therapy in palliative care
4. Ensure patient has other services to support e.g. palliative care team/district nurses
5. Advise trial of handheld fan prior to oxygen assessment

With patient: Assess efficacy of all dyspnoea management measures and activities where they think Oxygen therapy may be useful

