

HOME OXYGEN REFERRAL

<p><u>Patient's details</u></p> <p>Name:</p> <p>Address:</p> <p>NHS/Hospital number:</p> <p>Tel.:</p> <p>GP Surgery:</p> <p>GP Surgery tel.:</p>	<p><u>Referral process</u></p> <p>Fax/E-mail completed form to:</p> <p>Fax: 02381 204707</p> <p>E-mail: UHS.HomeOxygenCentre@nhs.net</p> <p>To discuss suitability contact:</p> <p>Tel No: 02381 208119/4325</p>
<p><u>Clinical details</u></p> <p>Diagnosis and co-morbidities:</p> <p>Current medications (please attach medication sheet if required):</p> <p>Resting SpO2 on air:</p> <p>Evidence of desaturation on exertion? Yes/No</p> <p>Date of last exacerbation:</p> <p>Current smoker? Yes/No</p> <p>Is there concomitant non-prescribed drug use/alcohol use? Yes/No If yes, please specify:</p>	<p><u>Type of oxygen assessment requested</u></p> <p><input type="checkbox"/> Long-term oxygen therapy</p> <p><input type="checkbox"/> Ambulatory oxygen therapy</p> <p><input type="checkbox"/> Short-burst oxygen therapy for cluster headaches</p> <p><u>Preferred site of appointment</u></p> <p><input type="checkbox"/> Southampton General Hospital</p> <p><input type="checkbox"/> Bitterne Health Centre</p> <p><input type="checkbox"/> Royal South Hants Hospital</p> <p><input type="checkbox"/> Home visit (only if eligible)</p> <p><i>Please note ambulatory oxygen assessment should be performed in a clinic setting</i></p>
<p><u>We are not usually able to prescribe oxygen to smokers. Home oxygen cannot be considered for anybody who smokes more than 10 cigarettes per day.</u></p>	
<p style="text-align: center;"><u>Long Term Oxygen Referral Criteria</u></p> <ul style="list-style-type: none"> All adult patients (over the age of 18 years old) requiring long-term oxygen assessment SpO₂ less than 92% on air at rest 8 weeks post exacerbation <p><u>NB Palliative care patients</u> <i>Oxygen saturations sufficient to guide need for home oxygen <92%. If breathless with normal oxygen levels (≥92%) oxygen therapy is not indicated.</i></p>	<p style="text-align: center;"><u>Ambulatory Oxygen Referral Criteria</u></p> <ul style="list-style-type: none"> Evidence of desaturation on exertion Requires oxygen to go out of home Willing to use oxygen outside <p style="text-align: center;"><u>Criteria for short term oxygen therapy</u></p> <p>Short-term oxygen therapy is only indicated for the treatment of cluster headaches and occasionally for conditions causing acute oxygen desaturation in specialist circumstances.</p>
<p><u>Referred by:</u></p> <p>Name:</p> <p>Position:</p> <p>Date:</p> <p>Signature: Contact number:</p>	

Please note incomplete referrals will not be accepted and will be sent back to the referrer