

## Oxygen Assessment Form

Date \_\_\_\_\_

Oxygen therapy is an important treatment in patients with severe cardio/respiratory disease who have chronic hypoxia. There is good evidence to support the use of long term oxygen therapy (delivered by a concentrator and used for at least 15 hours a day) in the following conditions. Guidelines suggest if oxygen saturations are 92% or more then oxygen will not normally be required.

**Does the patient have one or more of the following qualifying conditions? (please circle)**

COPD	Cystic Fibrosis	Primary Pulmonary Hypertension
Interstitial Lung Disease	Pulmonary Vascular Disease	Pulmonary Malignancy
Bronchiectasis	Severe Chronic Asthma	Chronic Heart Failure

Patients that benefit from this therapy have chronic hypoxia when clinically stable ( $\text{PaO}_2 < 7.3$  kPa or in some cases  $< 8.0$  kPa). Patients may also be assessed for ambulatory therapy if they are mobile and motivated.

There is no evidence to support the use of short term oxygen therapy; although it may be appropriate in some individuals requiring palliation of symptoms as part of terminal phase care (this does not require a formal assessment).

**Patients Details:**

Name: ..... D.O.B: .....

Address: .....

..... Postcode: .....

Contact No: Home: ..... Mobile: .....

Hospital Number: ..... NHS: .....

**Clinical Details:****Referrer Details:**

1. Is this patient Clinically Stable? YES ☐ NO ☐  
(Free from exacerbation for at least 5 weeks)

If no you may wish to consider a temporary oxygen order, pending a formal assessment.  
Please refer when stable.

2. Does the patient already have an oxygen prescription? (Please give details)

Please check that form is completed before being faxed.

Date completed: ..... Date Received in Lung Function Department: .....

**Please fax back to Lung Function 01902 695737**