University Hospital Southampton NHS
NHS Foundation Trust

# HOME OXYGEN REFERRAL

**Patient's details**

Name:

Address:

NHS/Hospital number:

Tel.:

GP Surgery:

GP Surgery tel.:

**Clinical details**

Diagnosis and co-morbidities:

Current medications (please attach medication sheet if required):

Resting SpO2 on air:

Evidence of desaturation on exertion? Yes/No

Date of last exacerbation:

Current smoker? Yes/No

Is there concomitant non-prescribed drug use/alcohol use? Yes/No If yes, please specify:

**Type of oxygen assessment requested**

- ☐ Long-term oxygen therapy
- ☐ Ambulatory oxygen therapy
- ☐ Short-burst oxygen therapy for cluster headaches

**Preferred site of appointment**

- ☐ Southampton General Hospital
- ☐ Bitterne Health Centre
- ☐ Royal South Hants Hospital
- ☐ Home visit (only if eligible)

***Please note ambulatory oxygen assessment should be performed in a clinic setting***

**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.**

**Long Term Oxygen Referral Criteria**

- All adult patients (over the age of 18 years old) requiring long-term oxygen assessment
- $SpO_2$ less than 92% on air at rest
- 8 weeks post exacerbation

***NB Palliative care patients***
***Oxygen saturations sufficient to guide need for home oxygen <92%. If breathless with normal oxygen levels (≥92%) oxygen therapy is not indicated.***

**Ambulatory Oxygen Referral Criteria**

- Evidence of desaturation on exertion
- Requires oxygen to go out of home
- Willing to use oxygen outside

**Criteria for short term oxygen therapy**

Short-term oxygen therapy is only indicated for the treatment of cluster headaches and occasionally for conditions causing acute oxygen desaturation in specialist circumstances.

## Referred by:

Name:
Position:
Date:
Signature: Contact number:

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