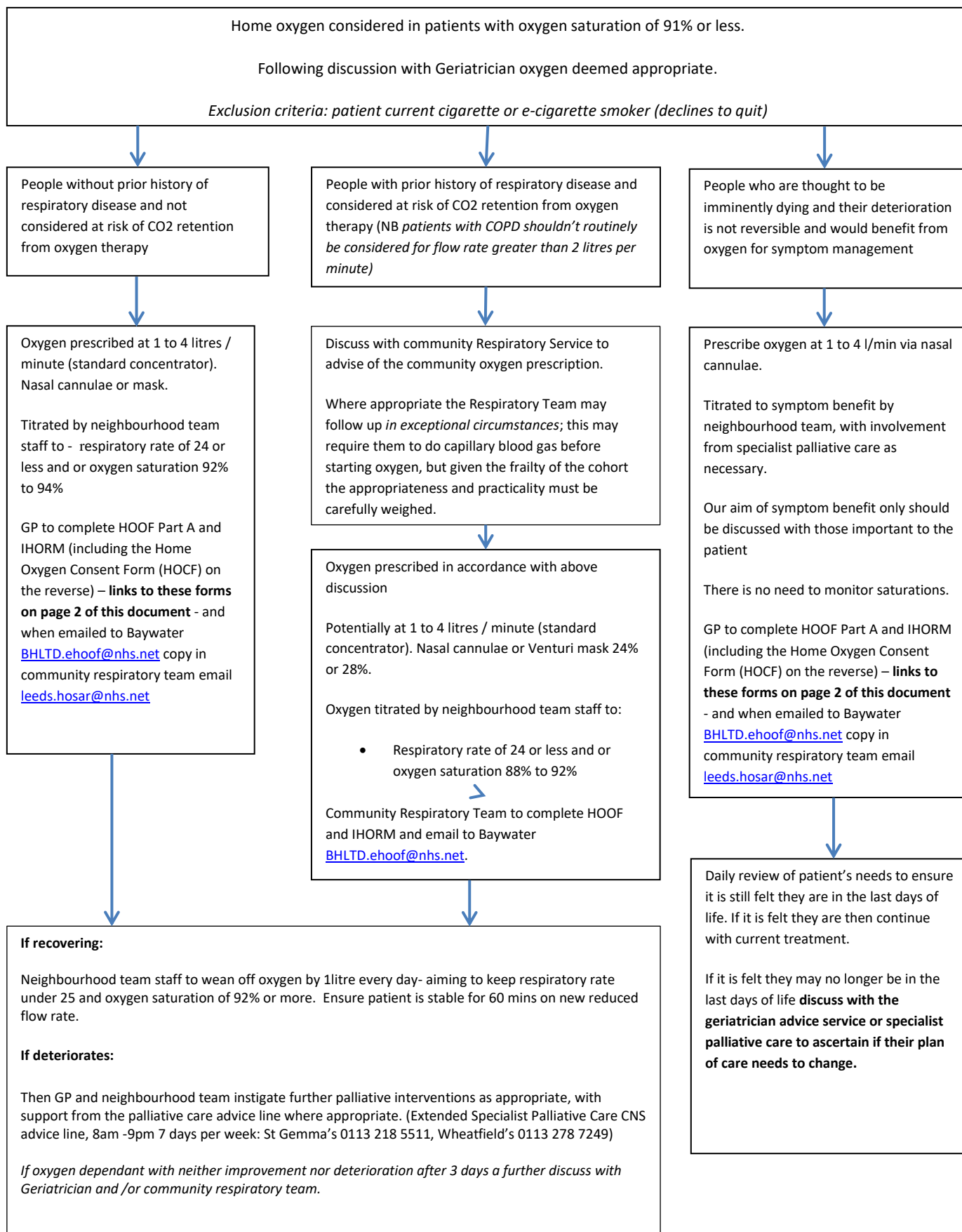


**(1) Leeds Older People with Frailty and COVID19 Care at Home (including in a care home) –  
Oxygen Flow Chart**

The patient / carer and GP have agreed that the patient is likely to be in the last year of life and the patient / carer has requested care at home for a suspected / confirmed case of COVID. The GP with the support of a Geriatrician (via the LHTH switchboard – see below) and LCH services (see appendix 3), agrees to support the patient at home.



### **Geriatrician advice line**

The Geriatrician advice line can be accessed from 9am to 5pm Monday-Friday by calling Leeds Teaching Hospitals Trust switchboard on 0113 2433144 and asking to be put through to the Community Frailty Response Consultant. Outside of these hours the on-call registrar or consultant geriatrician can advise.

### **How to contact the Respiratory Service for advice**

If any advice is needed with regard to the prescription or on-going management of oxygen therapy please contact the community respiratory team on the numbers below or out of hours the respiratory registrar can be contacted via switchboard at SJUH (0113 2433144).

Respiratory service core service operating hours: 08.30-16.30 Mon-Sundays

Contact – Respiratory co-ordinator on 0113 8434200 (Monday-Friday)

Respiratory Specialist Nurse/Physiotherapist on duty via 07534282336 (Saturdays and Sundays)

Virtual Respiratory Ward operating hours: 08.00-18.30

For telephone advice 16.30-18.30 Mon-Sun - please contact the Respiratory Virtual Ward on 07739 970431

The Respiratory Service can be contacted for advice around equipment and completing HOOFs and iHORMs as necessary. Further guidance can be found on Leeds Health Pathways via this link

[http://www.lhp.leedsth.nhs.uk/referral\\_info/detail.aspx?ID=295](http://www.lhp.leedsth.nhs.uk/referral_info/detail.aspx?ID=295)

The Community Respiratory Service will complete HOOF forms for any patients with pre-existing respiratory disease that may be at risk of Type 2 respiratory failure.

### **Keeping the Respiratory Service informed**

The Respiratory Service needs to be aware of any patient on oxygen at home. This may be patients who have been discharged from hospital, or commenced on oxygen in order to avoid admission to hospital. It will also include patients who have been given oxygen as a palliative measure. Email us on [leeds.hosar@nhs.net](mailto:leeds.hosar@nhs.net) to inform of all such patients.

### **Admission avoidance**

The main reason patients will be prescribed oxygen for admission avoidance will be for symptom control in palliative care. The GP is able to prescribe this by completing a HOOF Part A form (registration is required). <https://www.baywater.co.uk/wp-content/uploads/2019/04/Updated-Part-A-HOOF-Final-March-17-V.1.pdf> (and there is guidance of completion of the HOOF Part A at this link <https://www.baywater.co.uk/wp-content/uploads/2019/10/HOOF-part-A-guide-JAN19.pdf>).

GPs should also complete an Initial Home Oxygen Risk Mitigation form (IHORM)

[https://www.baywater.co.uk/wp-content/uploads/2017/08/Final-IHORM\\_-IG-approved-298-v1.3.pdf](https://www.baywater.co.uk/wp-content/uploads/2017/08/Final-IHORM_-IG-approved-298-v1.3.pdf). **It is important that both the IHORM AND the Home Oxygen Consent Form (HOCF) on the reverse of the IHORM is completed and sent with the HOOF Part A, otherwise Baywater will reject the referral.** Completed forms should be emailed to Baywater [BHLTD.ehoof@nhs.net](mailto:BHLTD.ehoof@nhs.net)

Upon installation the patient/carer will be provided with a demonstration on the equipment

### **Discharge from hospital**

It is anticipated that if a patient requires high levels of oxygen then they will remain in hospital until they are weaned down to 1-2 litres.

### **Ongoing management and monitoring**

Visits may not be necessary from the Respiratory team for every patient, for example if they are palliative and all of their needs are being managed by the Neighbourhood Team. It is not necessary always necessary to be checking oxygen saturations in palliative patients - we usually go on the respiratory rate settling <25 with o2 and other pharmacological and non-pharmacological management of breathlessness

The Respiratory Service have telephone access to a Respiratory Consultant within LTHT each day, and they also hold an MDT meeting each week to discuss complex cases. If any patients within LCH would benefit from being discussed in this forum then please refer to the Respiratory Service.

If the Neighbourhood Teams require urgent joint visits with the Respiratory Service then this can be accommodated. Please contact the numbers above to arrange this.

### **Home Oxygen Service**

The Home Oxygen Service continues to run as required and will accept new referrals if a patient requires oxygen for any other reason. The equipment can be delivered if clinically necessary within 4 hours by Baywater (the oxygen supplier) who also show the patients how to use it. The Home Oxygen Service will ensure monitoring and follow up where appropriate, including when clinically indicated monitoring of capillary blood gases. The service will also carry out a risk assessment to assess the safety of providing oxygen at home (e.g. if person resides in multi-occupancy home).