

# Going Home on Low Flow Oxygen

Information for parents  
and carers



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hospital

caring about children

## The following information aims to alleviate any concerns that you may have about taking your baby home on oxygen.

There are different reasons why babies require supplementary oxygen and it is important that you understand why your baby needs it. If you are unsure then please speak to the Medical/Nursing staff again.

The most common reason for babies requiring extra oxygen is because they have been born prematurely. This means that their lungs are immature and need time to grow and develop.

Having extra oxygen will hopefully ensure your baby continues to feed well, grow and develop until the oxygen is no longer required.

### Planning for discharge

Once your baby is maintaining their temperature, gaining weight, and developing a feeding pattern by either oral feeding or tube feeding, the staff will be looking toward establishing the amount of home oxygen your baby requires.

This is done by doing an overnight saturation trace which is collecting data from the saturation monitor that your baby is already on. The information will be downloaded and reviewed by the Medical staff. It is very common that your baby may need more than one overnight trace doing to ensure that he/she receives the correct amount of oxygen. Other changes to your babies medication or feeds may also mean that your baby may need re tracing. Our aim is to optimise everything to ensure your baby is fully prepared for going home.

Once the amount of oxygen your baby needs is agreed the staff will remove the saturation monitor. We understand this may cause you some anxiety but it is important that you get accustomed to caring for your baby without using monitoring equipment.

Just before your baby is ready for home you will be offered the opportunity to spend a short time with him/her on our Transitional Care Ward. Here you will be able to care for all your baby's needs day and night and gaining confidence in dealing with the oxygen with staff around you to offer support as needed.

We also offer rooming in on the Neonatal Unit.

## How Oxygen is ordered

In our region we use an external company who supply everything for Home Oxygen. They are an independent company which means before we can order the oxygen we need to gain consent from the baby's parent/carer. This is because we will pass on your details to the company.

Consent to share your details will be taken by one of the Neonatal Outreach Team or a Nurse who is looking after your baby. The consent form is called the HOCF (Home Oxygen Consent Form)

An Initial Home Oxygen Risk Mitigation Form (IHORM) will also be completed when your consent is taken.

Once consent is taken then a HOOF form will be completed (Home Oxygen Order Form). This form will then be sent to the oxygen company so the order can be processed.

Once the order is sent to the company they will contact you directly to give you a time that they can deliver the equipment.

A normal order will be for:

- 2 x Static cylinders
- 3 x Portable light weight cylinders

## Installation

We can ask for Oxygen to be installed within 3 working days of the order being sent or the following day depending on what is required. In urgent situations we can request a 4 hour delivery.

It does mean that when the company ring you then you need to arrange for someone to be in at the address the oxygen is to be delivered too. If your baby is going to have shared care then we can arrange to have oxygen delivered to both addresses.

An Engineer will deliver all your equipment and give you information about how to use it safely. They will give you a booklet - A Guide to the Home Oxygen service and contact telephone numbers for the helpline which is open 24hours a day.

If an interpreter is required when the oxygen is to be installed then we will highlight this on the Oxygen order form (HOOF).

**We strongly advise you to read the company's information booklet as it covers everything you need to know about caring for a baby on Oxygen and especially the safety information.**

Static cylinder with Low flow metre attached



Portable cylinder with ruck sac for going out and about



## Going Home

Before you are discharged home with your baby you will need to feel confident about using the oxygen cylinders. You can practice switching the cylinder on and off and also changing the nasal prongs on your baby.

The ward will give you supplies of:

- Tegerderm
- Duoderm
- Nasal cannula
- 1 x pair of scissors

The oxygen company will supply you with new nasal cannulas as you need them. If your baby is anticipated to need oxygen for longer then we will organise a repeat prescription for Duoderm and Tegerderm with your GP.

You will be able to take your baby home once your oxygen has been installed.

**It is important that you bring one of your portable oxygen cylinders in from home for that first journey home.**

|                               |  |
|-------------------------------|--|
| <b><i>Discharge Date:</i></b> |  |
|-------------------------------|--|

## Follow up

The Neonatal Outreach team will have been involved with your baby's discharge planning and will continue to support you at home.

### Neonatal Outreach Contact details:



Phone: **0113 2065020**



Working hours:  
**7.30am -5.00pm x 7 days a week**

You will have a home visit from an Outreach Sister the day after you have been discharged from hospital. At this first visit the Outreach Nurse will ensure you feel comfortable about using the oxygen with your baby. They will check your baby's saturation levels using a portable monitor and answer any questions you may have.

It is normal that your baby has an overnight trace done within the first 7-10 days of being at home. Your Outreach nurse will show you how to set up the saturation monitor and silence the alarms. They will collect the monitor and download the data to assess your baby's progress.

If your baby looks like they can be weaned off the oxygen within a reasonable time your Outreach nurse will continue to visit and monitor your baby. If your baby looks like they may need the oxygen long term then your care will be transferred to the Children's nursing team for on-going support.

## HOME OXYGEN - Training and Discharge Checklist

| INFORMATION:  | Nurses signature  | Date |
|---|-------------------|------|
| Home Oxygen discussed with parents/carers   |                   |      |
| Overnight tracing complete and flow rate agreed                                     |                   |      |
| Rooming in discussed T/C / NNU  |                   |      |
| INSTALLATION:   |                   |      |
| Consent obtained from parents/carers  | Neonatal Outreach |      |
| Home Oxygen Consent Form ( HOCF) complete   | Neonatal Outreach |      |
| Initial Home Oxygen Risk Mitigation Form (IHORM) complete                           | Neonatal Outreach |      |
| Home Oxygen Order Form (HOOF) complete and sent                                     | Neonatal Outreach |      |
| <u><b>Delivery Details</b></u><br>Standard (3 days)<br>Next Day<br>Urgent (4 hours) |                   |      |
| Home Oxygen Installed   |                   |      |



| <b>TRAINING:</b>  | Parent / Carer<br>Signature / Date | Nurse<br>Signature / Date |
|---|------------------------------------|---------------------------|
| Changing nasal cannula  |                                    |                           |
| Oxygen safety   |                                    |                           |
| Use of portable cylinders   |                                    |                           |
| Advise parents/<br>carers to read the<br>Guide to Home<br>Oxygen booklet<br>given when the<br>oxygen is installed |                                    |                           |
| Complete the<br>leaving the ward<br>safety document if<br>required  |                                    |                           |
| <b>SUPPLIES:</b>  |                                    |                           |
| Nasal cannula   |                                    |                           |
| Tegerderm   |                                    |                           |
| Duoderm   |                                    |                           |
| Scissors  |                                    |                           |





Photographs taken with the kind permission of the parents.

Baby born at 26+1 weeks with a birth weight of 640gms (1lb 6½ ounces)

and

Baby born at 25+5 weeks with a birth weight of 805gms (1lb 12½ ounces)



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