STATE-WIDE DOMICILIARY OXYGEN POLICY

The Department of Health Western Australia (DoHWA) funds the provision of clinically appropriate domiciliary oxygen therapy to eligible Western Australians who have chronic hypoxaemia. This policy sets out the prescribing criteria and clinical guidelines for the provision of domiciliary oxygen in Western Australia and the provision of equipment to allow intra state travel.

POLICY OBJECTIVES

- To ensure the supply of domiciliary oxygen to Western Australians who are prescribed by a recognised medical officer and meeting the clinical indications for therapeutic benefit from the provision of domiciliary oxygen.

- To ensure the cost effective delivery of domiciliary oxygen as required

- To ensure appropriate provision of equipment to enable intra state travel by those with medical authorisation to travel.

CLINICAL INDICATIONS & CONTRAINDICATIONS

The clinical indications and contraindications for the provision of DoHWA funded domiciliary oxygen therapy as set out in the DoHWA Domiciliary Oxygen Prescription Form will be adhered to. The standard prescription form is attached.

For additional detailed information refer to the Adult Domiciliary Oxygen Therapy Clinical Practice Guideline March 2014, Position Statement of the Thoracic Society of Australia and New Zealand:

REVIEW AND REASSESSMENT OF ALL PATIENTS

All patients, prescribed Oxygen in the acute setting, must be reassessed within 6 weeks after initial assessment and when the patient is in a stable condition (usually 4-6 weeks) to determine the ongoing oxygen requirements. Requirements as outlined in the DoH WA Domiciliary Oxygen Prescription Form must be met for continuation of oxygen therapy at the 6 week review. If the service provider does not receive a revised or confirmed prescription the domiciliary oxygen equipment will be removed from the patient’s home at 8 weeks.

All patients will be reviewed annually by the referring medical officer or appropriately trained health professional with medical officer final approval. The clinical guidelines for the review of patients are as per the DoH WA Domiciliary Oxygen Prescription Form. Those requiring blood gases or have complex medical needs will be reviewed and assessed by a medical officer.

INTRA STATE TRAVEL

All providers will develop a policy and procedures to supply oxygen for eligible patients to travel within WA. This will include the supply for the duration of the journey to the travel destination and back to the usual residence and supply when residing for prolonged periods away from their usual place of residence.

The policy and procedures will include patient information on the prerequisites for access to the service, safe transport and storage of equipment and funding arrangements.

RECOGNISED MEDICAL OFFICERS - PRESCRIBERS

**METROPOLITAN**

<table>
<thead>
<tr>
<th>Respiratory Physician</th>
<th>General Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiologist</td>
<td>Palliative Care Physician or Medical Officer</td>
</tr>
<tr>
<td>Geriatrician</td>
<td></td>
</tr>
</tbody>
</table>

**NON-METROPOLITAN**

As per metropolitan and;

General Practitioner in consultation with an approved medical specialist (Prescribing & Review Process for Home Oxygen For Adults).
PATIENT REFERRAL – MINIMUM DATA SET

The Domiciliary Oxygen Prescription Form (attached) includes the mandatory patient and clinical details. All relevant fields must be completed before the service provider can dispense the prescription.

SERVICES PROVIDERS

Prescriptions for residents in the:

1. Metropolitan area are referred to Silver Chain Nursing Association
2. Country WA (WA Country Health Service) people are referred to the appropriate WACHS health service.
3. Peel region referred to the Silver Chain Nursing Association.

COMPLIANCE AND STANDARDS REVIEW

The Respiratory Health Network will:

- Review the clinical indications on an annual basis to ensure they meet the Thoracic Society of Australia and New Zealand guidelines and evidence based best practice.
- Review this policy every five (5) years.

PATIENT DATA BASE

Silver Chain Nursing Association and WA Country Health Service will develop and maintain an electronic standardised database of domiciliary oxygen therapy patients.

Professor Bryant Stokes
A/DIRECTOR GENERAL
DEPARTMENT OF HEALTH WA

This document can be made available in alternative formats on request for a person with a disability.

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Prescribing and Review Process for Home Oxygen for Adults (By General Practitioners and review by appropriately trained health professionals)

Background

This advice applies to those rural and remote General Practitioners who are required to prescribe home oxygen to adults in the absence of a specialist Respiratory Physician opinion. Many Respiratory Physicians are happy to give advice over the phone and even quite remote parts of the State have at least some testing facilities, such as blood gas machines in Emergency Departments of local hospitals. Most GPs will already be familiar with all the contents of this advice.

Some metropolitan-based GPs also prescribe home oxygen in the hospice or palliative care setting and the same advice applies.

It also applies to those appropriately trained health professionals who undertake reviews of people prescribed home oxygen in consultation with a medical practitioner.

The provision of domiciliary oxygen is expensive and clear guidelines are therefore provided. In the absence of hypoxaemia, oxygen therapy is unlikely to improve patient outcomes. Furthermore, breathlessness is commonly not due to lack of oxygen per se.

The method of supply is by oxygen concentrators, which are floor standing, electrically driven devices, most of which provide a flow up to five litres per minute. Government provides financial assistance for electricity bills. Access this via this link: http://www.finance.wa.gov.au/cms/TwoColumns_Content.aspx?Pageid=17638&id=1280. Backup during power failure and for ambulatory supply is via cylinders.

Indications:

1. Long term continuous oxygen therapy (at least sixteen hours per day) may be considered for patients with stable chronic lung disease (particularly COPD) who, when breathing air at rest and awake have a PaO2 consistently <55mmHg.

Domiciliary oxygen is contraindicated for patients who continue to smoke cigarettes and because quitting can lead to substantial improvement in gas exchange assessment should be made after the patient has stopped smoking for at least one month.
In similar patients,

- polycythaemia (a haemoglobin >170gms per litre, PCV >55%), or
- clinical, electrocardiographic and particularly echo-cardiographic evidence of cor pulmonale (dilated right ventricle), or
- past episodes of right sided heart failure,

are consistent with the systemic effects of chronic hypoxaemia. Under such circumstances oxygen may be prescribed if the PaO2 is <60mmHg.

2. Oxygen may be provided in patients who de-saturate on exertion (exercise oximetry), if it can be demonstrated that:
   
   a. exertion leads to a fall in arterial oxygen saturation below 85% and
   
   b. oxygen subsequently improves exercise capacity, during the exercise oximetry test.

   This 2\textsuperscript{nd} component is most important. Without both components the addition of supplemental oxygen will be unlikely to be of benefit. Please note that this is not a “6 minute walk test”.

3. Other indications might include intractable angina or intractable recurrent pulmonary oedema, for which nothing more can be done; asthma, for someone in remote regions in order to travel to help; the grey areas of palliative care and in conjunction with a Respiratory Sleep Physician for nocturnal treatment. This list is not a comprehensive list; for detailed information see website below.

Contra-indications:

Domiciliary oxygen is not indicated in patients:

- even with advanced lung disease, whose main complaint is breathlessness, but who maintain a PaO2 >60mmHg (SaO2 >90%) and who do not show the secondary effects of chronic hypoxaemia.
- who still smoke cigarettes,
- who have not had their present therapy maximised, or
- who are not sufficiently motivated or provided for to undertake the discipline involved in the application of oxygen therapy.

**Improved Quality in Prescribing Practice**

It will become apparent that there are 3 “forcing functions” in this process.

**First**, the “science” is more likely to be correct if the guidelines are followed and, importantly, the providers of the oxygen will be empowered to decline delivery where the science is incorrect.
**Second**, the oxygen provision will be withdrawn unless there is a 6-8 week review by the original prescriber, to confirm ongoing need, when the original prescription was in an acute setting.

**Third**, the prescription must be signed by a Physician (or an Advanced Trainee in Respiratory Medicine), or an appropriately credentialed General Practitioner, either in remote and rural WA or in Palliative Care.

### Diagnostic Requirements at first prescription and reviews:

<table>
<thead>
<tr>
<th></th>
<th>Diagnostic Requirements</th>
<th>Health Professional Review (6-8 weeks &amp; annual)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First prescription</strong></td>
<td>All requirements as set out on the prescription form must be completed</td>
<td>Not applicable</td>
</tr>
<tr>
<td>(Medical Officer/Doctor only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Review at 6-8 weeks</strong></td>
<td>May require ABGs on room air if the patient is likely to have improved, such that the oxygen is no longer indicated. Otherwise, saturation measurements may suffice. Venous bicarbonate (to assess CO2 retention), as well as history of morning headaches or findings of warm peripheries and bounding pulses might indicate CO2 retention and require ABGs. Evidence for cor pulmonale should be sought on physical examination. History of perceived breathlessness on various activities, with and without oxygen may point to continuing use on exertion or not.</td>
<td>If any of the following are present then Doctor must review patient as ABGs may be required. *History of morning headaches or confusion. *Examination findings of warm peripheries &amp; bounding pulses. *Venous HCO3 &gt;30mmHg. *O2 Sats &lt;88% on oxygen. *New onset of peripheral oedema. If no changes in condition or ABG not required, prescription is confirmed by health professional and either emailed or faxed to prescribing doctor for ratification.</td>
</tr>
<tr>
<td><strong>Annual Review</strong></td>
<td>ABG may not be required Reasonable assumptions about CO2 levels can be got from the venous bicarbonate level. Other history and examination as above.</td>
<td>If no changes in condition or ABG not required, prescription form is completed by health professional and either emailed or faxed to prescribing doctor for prescription re-issue.</td>
</tr>
</tbody>
</table>
Further information

For further information and a full description of indications and contraindications: Go to the TSANZ website [www.thoracic.org.au](http://www.thoracic.org.au) or alternatively for clinical support contact the Respiratory Physician at your nearest hospital.

For patients requiring oxygen in **residential aged care facilities**, the cost is borne by the Commonwealth Department of Health and Ageing. A sample proforma letter is provided with the Prescription form.

Peter A Kendall
Clinical Lead Respiratory Health Network
September 2009 (Amended January 2012)

Proposed Circulation

- WA Rural/Remote Divisions of General Practice
- TSANZ WA members
- Hospice services (Silver Chain, Murdoch)
- Palliative Care Physicians (WA)
- Directors of Clinical Services, Area Health Services, for Medical Registrars and inclusion in RMO Handbooks
**Domiciliary Oxygen Therapy Prescription (version 2)**

**REFERRAL TO:**
- SILVER CHAIN
- WACHS
- DVA
- DVA form
- Residential Aged Care

**PATIENT DETAILS**

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>DOB:</th>
<th>/</th>
<th>/</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addressograph/Label (If available)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suburb:</td>
<td>Postcode:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ph (home):</td>
<td>Mobile:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requested delivery date:</td>
<td>Alternate Ph No:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GP Details:**

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suburb:</td>
</tr>
<tr>
<td>Fax:</td>
</tr>
</tbody>
</table>

**If Patient NOT AT HOME**

- Hospital (Hospital & Ward)
- Please specify

Contact Phone No: 
Expected Discharge Date: / /

**Smoker:**
- Yes (if yes, not eligible)
- Ex smoker: Date ceased smoking: / / 
- Never smoker

*Domiciliary O₃ equipment will be removed by the service provider unless a faxed confirmation of review & need for ongoing O₂ prescriptions have been received.

**PRESCRIPTION TYPE:**

- NEW PRESCRIPTION: * Confirmation of Review appointment: / / 
- *Confirmation Of Prescription at or before 6 weeks: Continue with prescription 
- Cancel Prescription
- Annual Review done by: Medical Officer 
- Trained health professional 
  ‡ Sign & fax

**INDICATION(S) FOR HOME OXYGEN:** tick one of the boxes

- Severe lung disease with resting PaO₂≤55mmHg when stable
- COPD with resting PaO₂ 56-59mmHg plus
- Cor pulmonale or
- 2º polycythaemia
- Intractable cardiac failure on maximal therapy
- Palliative care (last 3 months of life).
- Other e.g. nocturnal hypoxaemia

**PRESCRIPTION USE AND REQUIRED EVIDENCE**

**CONTINUOUS 16-24 HRS PER DAY Prescription**

<table>
<thead>
<tr>
<th>Flow L/min at rest:</th>
<th>Flow L/min Exercise</th>
<th>Flow L/min Sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABG on air:</td>
<td>PaCO₂ mmHg</td>
<td>PaO₂ mmHg</td>
</tr>
<tr>
<td>Oximetry O₂ Saturations on Room Air</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At rest</td>
<td>SpO₂ %</td>
<td>Distance walked in metres</td>
</tr>
<tr>
<td>End exertion</td>
<td>SpO₂ %</td>
<td>Reason for stopping</td>
</tr>
<tr>
<td>Oximetry O₂ Saturations on O₂ L/min</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At rest</td>
<td>SpO₂ %</td>
<td>Distance walked in metres</td>
</tr>
<tr>
<td>End exertion</td>
<td>SpO₂ %</td>
<td>Reason for stopping</td>
</tr>
</tbody>
</table>

**EXERTIONAL Prescription**

<table>
<thead>
<tr>
<th>Flow L/min on exertion:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oximetry O₂ Saturations</td>
</tr>
<tr>
<td>On O₂</td>
</tr>
<tr>
<td>End exertion</td>
</tr>
</tbody>
</table>

**EMERGENCY Prescription:** Reason 
Date: / /

**NOCTURNAL Prescription:** Overnight oximetry 
Date: / /

**EQUIPMENT:**

- 1-5 litre per min kit
  - 1 concentrator, 1D cylinder (backup)
  - 15m O₂ tubing, Nasal cannula
- Ambulatory Kit
- Negotiated package contact Service Provider
- 6-10 litre per min kit
  - 2 x concentrators, 1 E cylinder (backup)
  - 15m O₂ tubing, mask or humidified nasal cannula
- Conserving Device

**NOTE:** Non Invasive Ventilation (NIV) or Tracheotomy connections to be provided by referral source.

**REFERRING PHYSICIAN DETAILS:**

<table>
<thead>
<tr>
<th>Respiratory</th>
<th>General</th>
<th>Cardiologist</th>
<th>Palliative Care</th>
<th>GP (Rural Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribing Consultant (or RURAL GP) Name: including Medicare Provider number</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>/</td>
<td>/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ph:</td>
<td>Fax:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Fax to:** Silver Chain Nursing Association: Phone: 9242 0242  Fax: 9444 7265

**WACHS:** contact local health service: [WA Country Health Service website](https://www.wa.gov.au/wa-country-health-service)

**DVA referrals** Phone: 9366 8395

**Residential Aged Care:** see letter

Date revised 05 March 2015
In accordance with the Thoracic Society of Australia and New Zealand 2005 Position Statement

**CONTRAINDICATIONS for DOMICILIARY OXYGEN THERAPY**

1. Current tobacco smokers
2. Dyspnoea in COPD with \( \text{PaO}_2 \geq 60\text{mmHg} \)
3. Patients who have not received adequate therapy of other kinds (e.g. maximised medications, pulmonary rehab, enough time to recover from acute illness)
4. Patients who are not motivated to undertake the discipline involved in the application of oxygen therapy.

**INDICATIONS**

Detailed information can be found in the following documents:


<table>
<thead>
<tr>
<th>Continuous</th>
<th>a) COPD with ( \text{PaO}_2 \leq 55\text{mmHg} )</th>
<th>ABGs must be taken at rest, after 20 mins on room air, on optimal treatment, NOT during an ACUTE EXACERBATION or while clinically UNSTABLE.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b) ( \text{PaO}_2 \geq 56-59\text{mmHg} )</td>
<td>With evidence of cor pulmonale or 2° polycythaemia. Identify the oxygen flow which maintains ( \text{PaO}_2 &gt;60\text{mmHg} )</td>
</tr>
</tbody>
</table>

2. Exertional

   NOT routinely provided on discharge from Hospital. Only provided in the following circumstances:
   - Palliative patients
   - Exceptional circumstances when approved by a Respiratory Physician
   - In ALL other instances an oxygen assessment needs to be conducted once the patient is in a stable phase of the condition, at 4-6 weeks post discharge from hospital.

   The patient MUST demonstrate evidence of significant exercise induced oxygen desaturation on an exertional test while breathing room air.
   PLUS A demonstrable improvement in exercise performance on supplemental \( \text{O}_2 \)
   PLUS Minimum \( \text{O}_2 \) flow required to achieve improvement.

3. Nocturnal

   e.g. with Continuous Positive Airway Pressure (CPAP) or as prescribed by a Respiratory Sleep Physician

4. Emergency

   Indicated in patients with SEVERE ASTHMA who are prone to sudden, life threatening episodes especially those in remote areas.

5. Palliative

   Possibly indicated in terminally ill patients with evidence of hypoxaemia (\( \text{SpO}_2 <90\% \)) and a life expectancy of less than 3 months. Oxygen use is for the relief of symptoms initially as a 2 week trial including heart failure patients.

**Reassessment requirements whether a patient is prescribed \( \text{O}_2 \) on discharge or at a medical appointment**

Reassessment must occur within 6 weeks after initial assessment and when the patient is in a stable condition (usually 4-6 weeks) to determine the ongoing oxygen requirements.

Requirements as outlined above must be met for continuation of oxygen therapy at the 6 week review.


**Fax to:** Silver Chain Nursing Association: Phone: 9242 0242 or 1300650803  Fax: 9444 7265

**WACHS:** contact local health service: [WA Country Health Service website](http://www.wa.gov.au)

**DVA referrals** Phone: 9366 8395  Residential Aged Care: see letter below

Date revised 05 March 2015
Aged Care Payment Section  
Commonwealth Department of Health and Aged Care  
GPO Box 9848  
PERTH WA 6848

Dear Sir/Madam

Re: Patient's name

The above named patient requires Domiciliary Oxygen Therapy from Date.

This is a permanent / temporary prescription.

Yours sincerely

Name

Attention: Residential Aged Care Facility:

Please keep a copy of this letter in the patient’s file and send this original to the address above, to claim reimbursement of the costs of the oxygen.