

# Medical/Surgical Home Oxygen Program (Respiratory Therapy)

## Site Applicability

St. Paul's Hospital  
Mount Saint Joseph Hospital

## Practice Level

Respiratory Therapist

## Requirements

Patients requiring long term oxygen therapy on discharge will be assessed by a Respiratory Therapist to determine the qualifying status for funding as per the eligibility criteria as established by the Provincial Home Oxygen Program (HOP). Should the patient qualify, a Respiratory Therapist will contact the appropriate home oxygen vendor and organize the portable oxygen source for the patient transport home.

## General Information

Approved Vendors:

- VitalAire Healthcare – all mainland BC health regions
- MedPro Respiratory – Vancouver Island Health Region

## Need to Know

- *Oxygen Saturation Study Form – Short-Term Home Oxygen Funding* form can be found under FormFast WFI on Cerner
- Assessments for home oxygen must be completed within 72 hours of discharge. Assessments that are completed more than 72 hours before discharge are not valid.
- For qualifying patients, the physician must sign the HOP application form and provide the supporting clinical data, where applicable, for patients with co-morbid conditions (refer to Medical Eligibility Criteria on HOP Application Form).
- **For existing HOP clients:**
  - **Do not** reassess to discontinue home oxygen
  - Only reassess if prescription needs to be **increased** or direct instruction from HOP
- For palliative patients, do not perform Arterial Blood Gas (ABG) puncture unless absolutely necessary.
- Patients who are active smokers can still safely qualify for home oxygen. The liability will be assessed by the vendor once they are home.

## Supplies and Equipment

- Home Oxygen Program Application Form
- Arterial Blood Gas Kit
  - ABG syringe
  - 2 x 2 sterile gauze
  - Alcohol swab
- Home Oxygen 4-Wheel Walker Set-Up:
  - Pulse oximeter
  - Full oxygen tank
  - Home Oxygen clipboard with timer
- Nasal Cannula

## Resting Home Oxygen Procedure - ABG

1. Print off *Oxygen Saturation Study Form – Short-Term Home Oxygen Funding* form
2. Place patient on room air for a minimum of 10 minutes prior to home oxygen assessment  
**NOTE:** The patient must be **breathing room air** and **seated** at rest for at least 10 minutes prior to taking ABG or beginning to monitor oximetry. If patient cannot safely tolerate 10 minutes on room air, obtain ABG once SpO<sub>2</sub> less than 87%.
3. After a minimum of 10 minutes on room air, obtain an ABG as per [B-00-12-12002](#).
4. Assess the patient for eligibility using the Home Oxygen Program's approved guidelines.

**NOTE:** If patient does not consent to an ABG, clearly document in and patient's chart and on the *Oxygen Saturation Study Form – Short-Term Home Oxygen Funding* form.

## Resting Home Oxygen Procedure – 6 Minutes on Room Air

1. Print off *Oxygen Saturation Study Form – Short-Term Home Oxygen Funding* form.
2. Place patient on room air for a minimum of 10 minutes prior to home oxygen assessment.
3. Record SpO<sub>2</sub> and heart rate (HR) in 30 second increments for entire 6 minutes.  
**NOTE:** If patient cannot safely tolerate 10 minutes on room air prior to home oxygen assessment, turn on oxygen to maintain SpO<sub>2</sub> less than 88% for entire 6 minutes.
4. SpO<sub>2</sub> of less than 88% must be continuously sustained and documented for entire 6 minutes.
5. Assess the patient for eligibility using the Home Oxygen Program's approved guidelines.

### Funding for Oxygen at Rest – Continuous Use:

PaO<sub>2</sub> less than or equal to **60 mmHg** on room air;

Or

SpO<sub>2</sub> less than 88% sustained continuously for 6 minutes

6. Complete the remainder of the HOP application form, create a cover letter, and fax to the approved vendor of home oxygen services.
7. Shortly after faxing the HOP application, **call the vendor to ensure that they received it.**

**NOTE:** The fax transmission should include a cover letter (without any patient identifiers) followed by all pertinent and available patient information (including proposed discharge date and supporting documentation such as qualifying ABGs, resting oximetry test results and/or overnight oximetry).

8. Retain the original copy of the HOP application and [document](#)
9. On the morning of the planned discharge date, deliver a vendor-provided home oxygen discharge kit to the patient's room prior to discharge and review oxygen/equipment safety. The home oxygen discharge kit includes an oxygen cylinder, wheeled stroller, regulator, wrench, nasal prongs, and safety information.
10. At time of discharge/when transport has arrived, call the vendor with the time that the patient has left the hospital.

## 6 Minute Ambulatory Oxygen Procedure

1. Print off *Oxygen Saturation Study Form – Short-Term Home Oxygen Funding* form
2. Using the 4WW home oxygen set-up, place patient on pulse oximeter and nasal cannula (oxygen flow off to start).  
**Note:** If patient qualified for continuous home oxygen, start ambulatory test on resting oxygen prescription.
3. Once resting SpO<sub>2</sub> stabilized, start 6 minute ambulatory home oxygen test.  
**Note:** Ambulatory testing is to be performed on a flat surface only – treadmills are not permissible
4. To qualify for ambulatory home oxygen, SpO<sub>2</sub> of less than 88% must be continuously sustained and documented for greater than 1 minute.
  - a. If SpO<sub>2</sub> of less than 88% continuously sustained and documented for greater than 1 minute, titrate oxygen to maintain SpO<sub>2</sub> of 90 to 92%.
  - b. Once oxygen is initiated, allow patient to *briefly* pause (with the timer still running) to allow SpO<sub>2</sub> to recover to 90 to 92% before continuing with ambulatory testing.
  - c. If SpO<sub>2</sub> falls below 88% once resuming ambulatory test, continue to titrate oxygen flow rate to achieve SpO<sub>2</sub> 90-92%.
  - d. The **maximum test time shall be 6 minutes** and shall not include post-ambulatory SpO<sub>2</sub> dips.

### Funding for Ambulatory Oxygen:

Short-term ambulatory oxygen funding will be provided when SpO<sub>2</sub> is less than 88% on room air and sustained continuously for greater than 1 minute during a 6 minute flat surface walk test (not including post-exertion desaturations).

If the patient is **unable to walk for 1 minute or more, ambulatory oxygen will not be funded** as it will not provide any useful benefit to the patient since the patient is not truly ambulatory.

After discharge, the patient will be assessed for long-term ambulatory oxygen needs while in the community.

### **Funding for Nocturnal Oxygen:**

- A. In the absence of co-morbidities, patients who do not meet the HOP criteria for oxygen at rest or with ambulation will not qualify for nocturnal oxygen alone.
- B. The following patients may qualify for nocturnal oxygen therapy:
  - a. Patients with co-morbid conditions (heart failure, pulmonary hypertension) – supporting information required (i.e. consultation note, discharge summary, spirometry, echocardiogram)
  - b. Patients with sleep disordered breathing (i.e. sleep apnea) who, despite being on optimal CPAP therapy, continue to experience nocturnal oxygen desaturations

For these patients, SpO<sub>2</sub> must be less than 88% for more than 30% of the nocturnal oximetry study\* (study must be at least 4 hours long) to qualify for nocturnal oxygen.

***Nocturnal oximetry study for home oxygen (in conjunction with a nocturnal device i.e. CPAP/BiPAP) may only be ordered by Respiriology or Cardiology***

### **Funding for Palliative Use:**

A palliative diagnosis does not ensure home oxygen subsidy. Palliative patients must still qualify using the eligibility criteria as stated above. **Palliative Care Benefits Program does not provide oxygen.**

### **Non-Medical Criteria for HOP Funding:**

Must have been a resident of British Columbia for a minimum of 3 months

- Must be eligible for and have obtained a valid BC PHN
- Patient must reside in British Columbia for at least 6 months of a calendar year and maintain their primary residence within the province
- Residents of hospital-affiliated extended care units are not eligible for funding from the Home Oxygen Program

Financial support through HOP will **NOT** be provided for:

- Aerosol nebulizers
- Intermittent use while on pass from hospital
- Travel outside of Canada
- Travel outside BC exceeding 3 months
- Relocation to another province
- Claims involving Veterans Affairs (VAC), NIHB, WorkSafe BC, ICBC, or RCMP
- Placebo effect

### **Documentation**

1. Complete the *Long Term Oxygen Therapy* AdHoc form on Cerner

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2. On Cerner, document all relevant information in an RT Note Document, including:
  - a. the name of the vendor providing the home oxygen services
  - b. planned discharge date and oxygen prescription
  - c. any additional follow-up that may be required
3. Complete and place Oxygen Saturation Study Form – Short-Term Home Oxygen Funding form in patient's bedside chartlet
4. Place a copy of the Oxygen Saturation Study Form – Short-Term Home Oxygen Funding form in the RT Home Oxygen binder.
5. Update RT Kardex

## Home Oxygen Assessment FAQs

*Q: If a patient qualifies for oxygen on room air while at rest, is an ambulatory test still required?*

A: Qualifying on room air at rest qualifies the individual for continuous use oxygen subsidy. However, the Home Oxygen Program suggests that we walk the patient on oxygen to determine oxygen requirements on exertion. Oxygen should be titrated to the lowest level required to keep SpO<sub>2</sub> 90 to 92%.

*Q: Do I always need to do an ABG to qualify a patient for home oxygen?*

A: An ABG result is considered the gold standard when qualifying a patient for home oxygen. For palliative patients or when an ABG is not possible, a six minute resting room air oximetry may be sufficient if the SpO<sub>2</sub> is sustained continuously below 88%. Documentation of the full six minute room air saturation study is required to demonstrate a consistent steady state. The test should be stopped if the patient's SpO<sub>2</sub> falls below 80% for at least one consecutive minute.

*Q: How do you know if a patient is safe to walk or if there are mobility issues?*

A: Check the chart for the most recent physiotherapy note. The physiotherapy admission note should include whether mobility devices are used at home. If still in doubt, check with the nurse or page physiotherapy.

*Q: If I am concerned about a patient's ability to ambulate independently for a walk test and the patient does not already use a mobility device, what should I do?*

A: Consult physiotherapy to assess fitness for ambulation. The availability of the RT walker does not negate the need to refer to physiotherapy for patients that require assistance when ambulating

*Q: What do I do if a patient is already a Home Oxygen client but I think they need an increase in prescription?*

A: Determine how much oxygen is required at rest and/or on ambulation and update the prescription in section 5 of the HOP Application form. Once the form has been signed by a physician, fax the form to the home oxygen vendor. Ensure that **Rx Change** is marked off rather than **New Application**.

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## Related Documents and Helpful Links

1. [A Guide for the Person on Home Oxygen](#)
2. [Home Oxygen Program \(HOP\) Application](#) (VCH)

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