



London Clinical Oxygen Network (LCON)

Responsible Oxygen Prescribing Messages (Adults)

1. Oxygen is a medicine that should always be planned, prescribed and reviewed by staff trained in oxygen prescription and use.
2. Oxygen is a medicine to treat hypoxia, not breathlessness, and therefore should not be prescribed for breathlessness without hypoxia. Cluster headache is the only indication for oxygen in the absence of hypoxia.
3. Just as any other medicine, oxygen should not be prescribed without a clear indication, dose and duration. Intended benefits, risk and contraindications should be considered.
4. Acute oxygen prescription must include the target oxygen saturation range and state the appropriate interface and range of flow rates to achieve this. Oxygen saturations must be monitored according to an agreed and feasible management plan. Those who administer oxygen should have regular and ongoing training so that they are able to monitor and respond to a patient's oxygen saturations within the management plan.
5. Long term oxygen treatment (15-24 hours per day) and oxygen used with non-invasive ventilation should only be prescribed after specialist review. This must include a risk assessment around possible fire, burns, falls and ability to use complex equipment. The identification and communication of risks is the responsibility of the prescriber.
6. Oxygen prescription for people who smoke poses a danger, to patients themselves and to others, because of the fire risk. Starting or continuing home oxygen prescription in this group is very strongly discouraged. Support for smoking cessation must be the priority for treatment and may itself remove the need for oxygen by improving blood gases. Ongoing specialist follow up of this high risk group of hypoxic smokers is essential.
7. Specialist oxygen assessment and follow up should include individualised patient and carer education about oxygen treatment, comprehensive risk assessment and carbon monoxide monitoring. Health care professionals should discuss with the patient his or her responsibility to use oxygen safely, the risks of a smoking relapse and the importance of continued abstinence from smoking. Time should be allowed to check patients' and carers' understanding of these complex issues.
8. Patients on long term oxygen therapy at risk of harm from excessive oxygen should be identified and their care plan shared with their GP and local hospitals as well as ambulance and out of hours services.
9. Patients who may benefit from ambulatory oxygen to maximise their independence should have a specialist assessment with access to the full range of relevant equipment to meet their individual needs.
10. Home Oxygen Service Assessment and Review (HOSAR) services are vital to ensure evidence based patient centred care and optimal value for money. They should be integrated with local respiratory services to be effective.