

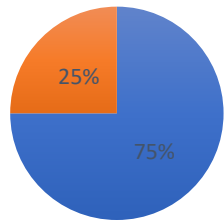
Is ambulatory oxygen necessary and utilized on post hospital discharge:

A retrospective review

Aims

Ambulatory oxygen therapy (AOT) is recommended for selected patients with exertional desaturation who demonstrate symptomatic or functional benefit. In practice, AOT is sometimes prescribed at hospital discharge alongside long-term oxygen therapy (LTOT), or as a standalone intervention. However, the appropriateness and real-world uptake of ambulatory oxygen initiated at discharge is unclear. Home oxygen services often find it a challenge to remove oxygen once it has already been placed in the home. The aim was to evaluate whether prescribing ambulatory oxygen at hospital discharge is appropriate and necessary, and to assess patient use of ambulatory oxygen following discharge.

Patients discharged from hospital with:

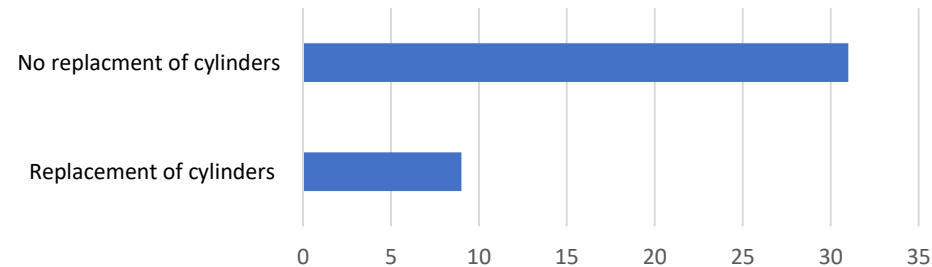


■ LTOT and ambulatory oxygen ■ Ambulatory oxygen only

Methods

A retrospective review was undertaken of 40 patients discharged from hospital with newly prescribed ambulatory oxygen, either alone or in combination with LTOT. All patients currently under the home oxygen assessment service (HOAS) had their notes audited. Oxygen prescriptions and discharge documentation were reviewed. Patient use of ambulatory oxygen was assessed at the first post-discharge home visit by the oxygen service, including whether equipment had been used.

Only 22.5% of patients required replacement cylinders prior to a initial home visit by the home oxygen service



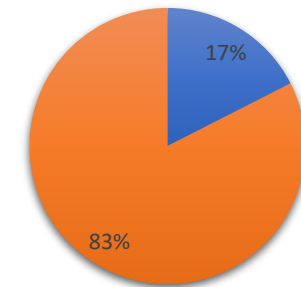
Results

A significant proportion of patients prescribed ambulatory oxygen at discharge had not used the equipment by the time of the first home visit. Most patients initiated on oxygen had COPD (67%), with the rest are a combination of ILD, heart failure, chest wall disease and palliative. Of those discharged:

- 75% of patients were discharged with LTOT and ambulatory oxygen
- 25% of patients were discharged with ambulatory oxygen only.
- 67% were discharged with 4 cylinders or more
- 20% were discharged with 8 cylinders.
- 77.5% of patients had a home visit by the home oxygen service before replacing their cylinders.
- 75% of patients received a home visit within 4 weeks of hospital discharge by the home oxygen service.
- **17.5 % of patients have never replaced their cylinders.**
- **25% of patients ordered a cylinder replacement 3 months or more later.**

The number of cylinders is calculated as per weekly usage. 12.5% of patients discharged with oxygen cylinders replacement within one week.

% of patients discharged from hospital with 4 cylinders or more



■ Less than 4 cylinder ■ 4 cylinders or more

Conclusion

This study concludes that the majority of patients are not using ambulatory oxygen post discharge and certainly not within first few weeks' post discharge. Most patients are seen by the home oxygen service before replacing their ambulatory cylinders. It would be more practical to not discharge patients with ambulatory oxygen but refer them to the home oxygen service to be assessed for ambulatory oxygen after discharge in their home environment. This could potentially have a cost saving; ensure ambulatory oxygen is appropriate in their home environment and ensure patients are receiving the correct amount of cylinders needed and tailor the equipment provided. Routine prescribing of ambulatory oxygen at hospital discharge is often not appropriate and does not guarantee subsequent use. Initiating oxygen in the community when the patient has recovered following discharge may reduce costs and ensure future oxygen prescribing is apt.