

UNDERSTANDING YOUR OXYGEN THERAPY ASSESSMENT

This factsheet aims to give you information about how you will be assessed to see if you will benefit from home oxygen therapy.

The most common chest condition requiring oxygen therapy is COPD.

There are other less common chest conditions such as pulmonary fibrosis for which oxygen therapy may be of benefit.

Oxygen therapy is mainly given to people who have chronically low levels of oxygen in their blood.

Oxygen therapy will not be suitable for every person with COPD.

Oxygen is a drug, and needs to be prescribed for you.

Why might oxygen therapy be harmful?

In healthy lungs the stimulus to breathe is driven by the levels of oxygen and carbon dioxide in the bloodstream. In some people with chest conditions, the stimulus to breathe is driven by low oxygen levels only. In these cases, giving too much oxygen could actually stop you from breathing.

Why would I get referred for an assessment?

You may have symptoms that suggest that your oxygen levels are low. These might include worsening breathlessness, tiredness, poor concentration, irritability and ankle swelling. Also, your doctor or nurse may have measured your oxygen levels using a finger probe (pulse oximetry).



This may have shown that your oxygen levels are a bit low. However, symptoms and pulse oximetry can only provide an estimate of oxygen levels. To get a true reading of your oxygen levels, you will need a full oxygen assessment.

FACTSHEET

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Why is oxygen given?

Oxygen therapy is mainly given if you have low oxygen levels in your blood.

By breathing extra oxygen over long periods of time, symptoms such as breathlessness, tiredness, poor concentration, irritability and ankle swelling can improve. However, they will not be relieved completely. Oxygen therapy can also improve your energy levels and increase your level of activity.

What does the oxygen assessment involve?

The oxygen assessment will be done at a time when you are stable and free from infection.

The assessment may involve going to an oxygen assessment clinic.

Here, a doctor or nurse will perform a full assessment which may involve a review of your condition and treatment, breathing tests (spirometry) and blood samples.

You may need to give several blood samples. These will be taken from your wrist or ear lobe.

The first blood sample will be taken without oxygen.

If your oxygen levels are low you will be put on a small dose of oxygen using small nasal prongs or a mask. After 30 minutes or more your blood will be rechecked. If your oxygen levels remain low, this process will be repeated with increasing doses of oxygen until the correct dosage for you is identified. Each time the dose is increased you will be asked to wait another 30 minutes or more.

While you are receiving oxygen therapy the nurse will review your treatment and discuss different oxygen options with you.



You should take a list of questions with you so you do not forget to ask something that is important to you or is concerning you or your carer.

Oxygen will then need to be prescribed for you.

Why won't you benefit from oxygen therapy?

Breathlessness is a common problem in chest conditions.

It can be uncomfortable and frightening and can bring on feelings of panic and anxiety. However you can have breathlessness but still have adequate oxygen levels. On the other hand, your breathing may be comfortable but oxygen levels may be low and inadequate. So severity of breathlessness is not a reliable way of deciding if oxygen therapy will be helpful.

Oxygen will not help you if you have normal oxygen levels. Narrowed airways make it hard for your breathing muscles to get air in and out of your lungs. Therefore, your breathing and other muscles have to work harder. It is this increase in muscle activity that causes breathlessness not a lack of oxygen.

You may find other strategies to **help manage your breathlessness** helpful.

See the CHSS factsheet 'How to manage your breathlessness' for more information.

Smoking and oxygen

It is recommended that people who are smokers are not prescribed oxygen as there is a risk of combustion and severe facial burn. If smoking, you will be given smoking cessation advice. If you manage to stop, then oxygen will be considered if needed.



What happens if you are prescribed oxygen therapy?

If your levels of oxygen improve during your assessment, home oxygen therapy will be prescribed and arranged for you.

To benefit from oxygen in COPD, you will have to use it for at least 15 hours a day. (This may be different for other chest conditions.)

As oxygen is a fire risk, you will be asked some questions about your home for safety reasons.

An oxygen concentrator will be provided by Dolby Medical and delivered and set up by an engineer. Dolby will also provide maintenance and regular checks.

You may be given an oxygen alert card. This will provide details about what rate of oxygen you need for example in an emergency.

Portable oxygen therapy

Most people with oxygen can maintain an active lifestyle. If you need oxygen to get out and about, this will be considered as part of your assessment.

Remember your oxygen must only be used at the flow rate prescribed; never change the flow rate unless instructed to.



If you would like to speak to one of our nurses in confidence,
please call the Chest Heart & Stroke Scotland Advice Line Nurses

0808 801 0899

Call FREE from landlines and mobiles