

Affix patient label here

Home Oxygen Care Plan

Please keep this in your child's Red Book and take to all hospital appointments and admissions

Your baby's paediatrician is:	Dr
Continuous oxygen dose at discharge	LPM
Oxygen saturation target level	%

Weaning Home Oxygen Plan

Once your baby is home, your community nurse will arrange a sleep study. This usually happens within 2 weeks post discharge. You will be asked to keep the oxygen saturation monitor on for 12 hours overnight. Ensure the monitor is kept on continuously and plugged into the mains.

- The data is recorded, downloaded, and reviewed by the Community nurse and Paediatrician.
- A plan will be decided based on the results of the study.
- If the sleep study results are satisfactory, your baby is growing well and shows no signs of illness, you may be advised to reduce the oxygen dose.
- This process is repeated until the oxygen requirement is minimal, usually 0.01-0.02LPM.

During periods of illness and winter months, your baby's oxygen requirement may increase and the oxygen weaning process delayed.

Once the oxygen requirement is minimal and a satisfactory sleep study has been obtained, you will be asked to withdraw the oxygen for 12 hours during the day for 1-2 weeks.

After 1-2 weeks, the sleep study will be repeated and, if satisfactory, the oxygen can be withdrawn throughout the night whilst a sleep study is recorded.

If the sleep study is satisfactory, the oxygen can be stopped and the sleep study repeated in 1-2 weeks.

Once the oxygen has stopped, the oxygen company will be instructed to remove the cylinders and saturation monitor.

You must inform the Disability Living Allowance, car and home insurance providers.

Further Information:

British Lung Foundation- information about holidaying with oxygen

https://www.blf.org.uk/support-for-you/going-on-holiday/holidaying-with-oxygen

Bliss– For babies born premature or sick

https://www.bliss.org.uk/? gclid=EAIaIQobChMII_rP1uaE4wIVVODtCh1MLQnBEAAYASAAEgJS6v D_BwE

Lullaby Trust- Safe sleep advice

https://www.lullabytrust.org.uk/safer-sleep-advice/premature-babies/

https://www.lullabytrust.org.uk/safer-sleep-advice/baby-check-app/

Disability living allowance

https://www.gov.uk/disability-living-allowance-children/how-to-claim

Applying for a blue badge

https://www.gov.uk/apply-blue-badge

Tommy's Premature birth information and support

https://www.tommys.org/pregnancy-information/pregnancy-complications/ premature-birth-information-and-support

Baby Unit Relative's Patient support (BURPS)

http://burps-smh.btck.co.uk/

Approved by:	
Reference	NNU 005
Paediatric Information & Guidelines Group:	13th January 2022
Paediatric Clinical Governance Group:	11th January 2022
Equality Impact Assessment:	May 2020
Patient Experience Group:	2020
Review Date	January 2024

Useful contact details:

Contact	Telephone Number
Neonatal Outreach Team	Emily 07788411853 Jo 07825112867 Julie 07827253255 Sharon 07557564184
Children's Outreach Team	01296 315142
Stoke Mandeville F	lospital
Paediatric Decision Unit	01296 315214/315216
Children's Ward 3	01296 315145/315146
Children's Outpatients	01296 316426
Pharmacy	01296 316447
Wycombe Hos	oital
Children's Day Unit	01494 425506
Children's Outpatients	01494 426487
Pharmacy	01494 424254
Oxygen Supplier	
Dolby Vivisol	08443814402
BOC	08456094345
Oxygen monitor supplier	NRS 03451238248
GP Surgery	
Local Pharmacy	
Health Visitor/Family Nurse	

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Plan Oxygen Dose Sleep Study Date

Monitoring Oxygen Saturation Levels

Oxygen saturations should be monitored at home post discharge for an hour during sleeping, feeding and activity for the first day.

After this time, oxygen saturation monitoring is required during community nurse visits or if you try a new activity with your baby, for example, a bouncy chair or you are concerned about your baby.

What to do if you are concerned about your baby

Check oxygen saturations more frequently if you are concerned about your baby, for example they have a cold, cough, change of breathing pattern, not feeding as usual, quiet or more sleepy than usual

If oxygen saturations are less than 93% and your baby looks well and is comfortable, check the following:

- position ensure your baby's head is in a neutral position (chin not on chest or head tipped back)
- oxygen probe is secure
- nasal prongs are not blocked
- oxygen tubing is not kinked
- oxygen tubing is securely attached to oxygen cylinder
- oxygen cylinder is turned on and functioning correctly

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Medication	Time			

If your baby's oxygen saturation level remains less than 93%:

Seek advice from your community nursing team or open access if out of hours as your baby will need to be reviewed by a healthcare professional the same day.

and

Gradually increase the oxygen dose until your baby's oxygen saturations are 93% or above and slowly try to wean back to the usual amount of oxygen over 15- 30 minutes.

If you are able to get back to the usual amount of oxygen, with oxygen saturations maintaining within the normal range (93% and above), continue to check oxygen saturation levels more frequently.

If oxygen saturations are less than 89%:

Your baby's colour has changed (blue/grey/pale) particularly at the lips or breathing pattern has changed (rapid or shallow), call 999 and increase oxygen to the maximum level whilst you wait for the paramedics to arrive.

If your baby is not breathing:

Call 999 and commence basic life support