



## BTS Quality Standards for Home Oxygen

### Public consultation comment form

Please use this form to record any comments you may have on the BTS QS for Home Oxygen. The development group is co-chaired by Professor Tom Wilkinson and Dr Jay Suntharalingam. The standards are based on the BTS Home Oxygen Guideline and some of the original guideline group helped with the drafting of this QS document.

Name: Wendy Preston (Vice-chair)

Organisation: Association of Respiratory Nurse Specialists

Please indicate if you are responding as an individual or on behalf of the organisation noted above:

Individual response:

Organisation response: **Yes**

Please add comments to the following table noting the section number and page number to which your comment refers.

Note 'general' in the section column if your comments relate to the whole document.

Section: Line number/Quality standard number	Page #	Comment
General		We believe the quality statements are positive steps in trying to standardise oxygen assessment and review service and ensure provision of evidence based high quality assessment for all patients requiring home oxygen.
General		We consider that the quality statements are written very much with obstructive lung disease/Chronic Obstructive Pulmonary Disease (COPD) in mind and as such some of the statements could be termed to be 'blunt' measures for determining quality for these group of patients. Whilst patients with COPD remain the largest proportion of those needing oxygen assessment there are a significant number of patients with restrictive lung disease such as pulmonary fibrosis whose needs are subtly different.
466 onwards	13	Rationale for Long Term Oxygen Therapy (TOT) - the assumption that LTOT improves life expectancy in non-COPD chronic hypoxaemia seems tenuous in pulmonary fibrosis (PF); given that these patients usually do not have resting hypoxaemia until they have advanced disease, it seems a bit misleading to suggest that LTOT may improve life expectancy. It would be more realistic to state that in patients with PF with resting hypoxaemia, oxygen is used to improve oxygen saturations and work of breathing, providing symptom relief.
603-4	16	'Evidence that all patients ...have initial ABG on air and on titration of oxygen' - again, in patients with PF hypercapnia is rarely a problem and



		it is often sufficient, where baseline ABG measurement shows normal paCO <sub>2</sub> , to check adequate correction with pulse oximetry. ABG sampling is not a risk free procedure - risk/benefit is in favour of second ABG for those with evidence of/at risk of hypercapnic respiratory failure but perhaps not those with fibrotic lung disease whose initial ABG often shows normal or low paCO <sub>2</sub> .
671	18	As with comment on page 16 above, - risk/benefit for those with PF and normal paCO <sub>2</sub> , ABG at 3 months may be unnecessary and inappropriate.
676-7	18	Given variability of measurements, we would suggest a second review before complete withdrawal of home oxygen, in the same way as home oxygen is not commenced on one assessment.

Please add rows to this table as required.

Please return the completed form to:

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**Deadline: 5pm Monday 13<sup>th</sup> February**