

High Flow Oxygen Therapy [O₂]

The use of oxygen is contra-indicated if you have COPD, or emphysema and we would advise a health check with your GP to ensure that you do not have either condition before starting oxygen therapy. We would also suggest asking for a test for hypercapnia [malabsorption of CO₂ in the lungs].

There are two types of oxygen therapy: Standard High Flow Oxygen therapy and Demand Valve oxygen therapy.

Approximately 80% of CH sufferers find inhaling oxygen at 8 to 15 litres per minute very effective in dealing with cluster attacks.. Most people find O₂ quickly aborts an attack. Some use it while waiting for other abortives to “kick in” - but most report that for maximum effect and quick relief it must be taken as early as possible at the start of an attack. Breathe as normally as you can; some users find breathing in through the mouth and out through the nose helps regulate the 'panic' breathing rate at the start of an attack. Hold the mask to your face and ensure a good fit so that you are inhaling as near 100% oxygen as possible.

The time taken for O₂ therapy to be effective can vary, but most say they can abort an attack within 10-15 minutes: if not actually aborted in this time, the majority of people say the pain level reduces very quickly.

As soon as you know an attack is imminent, inhale the oxygen at between 8 – 15 litres per minute (adjust the flow to keep the reservoir bag on the mask inflated). We advise that you stay on oxygen for an additional 5 – 10 minutes after the attack has gone, at a lower flow rate to reduce the chances of 'rebound attacks'. If the oxygen has had no effect after 20 minutes it is unlikely that the attack will be aborted. Do not assume that oxygen does not work for you after only one failed treatment, try again with the next attack.

Demand Valve Oxyten Therapy

The oxygen is inhaled via a mouthpiece identical to that used in entinox therapy for pain relief [including childbirth]. As you breath in the valve opens up and the oxygen is delivered at a much higher rate than the standard high flow oxygen. As you breath out the valve shuts off the oxygen and releases the exhaled breath. There is no need to set a flow rate, just turn the cylinder to 'ON'. The engineer will take you through all this. As with high flow oxygen, many people find that breathing in through the mouth and out through the nose works well. This form of oxygen therapy can work in a very short time, a few minutes, and is much more efficient. With standard flow oxygen, the oxygen is flowing constantly, with demand valve oxygen the flow shuts off between breaths. Cylinders will last much longer and the higher flow rate aborts an attack more quickly. Because the oxygen shuts off on exhalation, it lessens the safety risk of oxygen use. Demand valve will require a cylinder with a schrader connector, hence the need for a different Home Oxygen Order form [HOOF]. NB: This therapy is not yet available in Scotland or Northern Ireland.

Your GP will need to complete three forms, first of all an Individual Home Oxygen Risk Management Form, [IHORM], a Home Oxygen Consent [HOC] form and Home Oxygen Order Form Part A (HOOF)

which the surgery should fax to the oxygen company who will contact you direct to arrange delivery. A copy of the IHORM and the HOOF is available under the Resources and Downloads link on the OUCH website. The HOOF is part completed ready for a cluster headache sufferer.
IMPORTANT SAFETY ADVICE.

When your oxygen is delivered the engineer will show you how to use it and give advice on storage and safe use.

Every six months your oxygen supplier will contact you and arrange to carry out a risk assessment on your oxygen equipment, it's storage, and use and ensure your smoke detectors are working. It is for your safety that these inspections are carried out and it is important that they are not missed. The oxygen suppliers are obliged to carry out these inspection as instructed by the NHS. The inspections apply even if you only have a sort cycle of less than six months. If you have oxygen on your premises, the risk assessment still needs to be carried out.

In Wales, within six weeks of your first delivery of oxygen a respiratory nurse will contact you to arrange a home visit to ensure you are using the oxygen in the right way, have it safely stored and to carry out a hypercapnia test too. Thereafter an annual assessment will be carried out either at the respiratory clinic or by postal questionnaire, but because of the hypercapnia risk for any oxygen user, we would suggest that the face to face appointment would be best. It is not a waste of your time or the respiratory nurse's time – it is for your safety. If at any time between the respiratory nurse's appointments you have the following symptoms, please contact your GP immediately:

morning headache [front of head above eyes]
hand tremors
sudden brief muscle jerks
seizures
headache
nausea
sight difficulties

Do not smoke or use naked flames near your oxygen, do not use a naked flame anywhere near the equipment or yourself, as oxygen can be absorbed in to the skin and clothing. Wait half an hour or so for the oxygen to dissipate and keep away from naked flames such as candles For further safety advice, contact your oxygen supplier.

You are also advised not to use emollient creams [cosmetic and medical] on the face and hands, or any petroleum based gel products.

It is advisable to notify your local fire station that you will be storing oxygen on your premises and they will carry out safety checks on your home and where you store the oxygen. They are grateful to know in advance if there are any additional accelerant risks [like oxygen] before they attend an incident at your home.

Call our helpline for further advice on obtaining oxygen and reference sources to show to GPs who are unwilling to prescribe oxygen.

OUCH (UK) HELPLINE: 0800 669 6824

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