

IMPRESS

Rationalising oxygen use to improve patient safety and to reduce waste

The consultation for the Strategy for Services for Chronic Obstructive Pulmonary Disease (COPD) in England contains 24 recommendations for improvements in the delivery of care for people with COPD and asthma.

IMPRESS has produced a guide that “recommends that one area of potential waste and ineffective care that is crying out for change is in the prescribing and ordering of oxygen.”

OUCHE UK has had considerable involvement in ensuring that the service, which cluster headache sufferers have been receiving and which has taken years to get as far as we have, is not diluted or compromised in any way. Fortunately, we have developed a very good working relationship with the authors of the guide particularly Louise Restrick, Consultant Respiratory Physician, Whittington NHS Trust and NHS Islington and Respiratory Lead, NHS London and we would like to thank her and the co-authors for listening to our concerns and involving us in the decision making on the relevant headache section.

We also have two more downloads on site: “Information for GPs and Neurologists” and “Information for Patients in England and Wales”

This is the relevant step on cluster headache:

Step 6

Specifically identify patients with cluster headache who are provided with oxygen and review their HOOFs. Cluster headache is an excruciating headache that occurs in attacks. High flow short-burst oxygen (100% oxygen at 12 L/min for up to 15 minutes) aborts attacks in some patients with cluster headache.¹¹ This is the only evidence-based treatment for short-burst oxygen therapy in patients who do not have hypoxaemia, but HOOFs for these patients are often completed by health professionals not familiar with oxygen therapy; there are often delays in patients with cluster headache obtaining appropriate oxygen therapy; it is not ordered in a cost-effective way and health professionals and patients are not aware of the daily tariff independent of use or non-use. An example of patient information and health professional information on organising oxygen in a clinically and cost effective way are provided at Appendix 4. If patients with cluster headache have not found oxygen helpful the HOOF needs to be cancelled. There are currently no formal arrangements for education of patients starting oxygen for cluster headaches or for their review.

11. Cohen AS, Burns B, Goadsby PJ. High-flow oxygen for treatment of cluster headache. JAMA 2009;302(22):2451-2457.

[The full guide can be seen here: <http://www.impressresp.com>]