Do our Patients with Home Oxygen Therapy prescribed in Hospital still need the Therapy at 3-month after Discharge?

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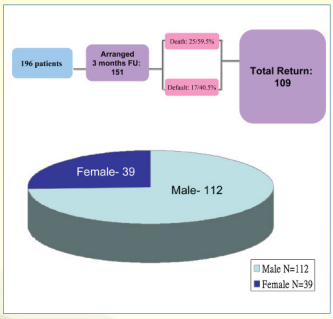
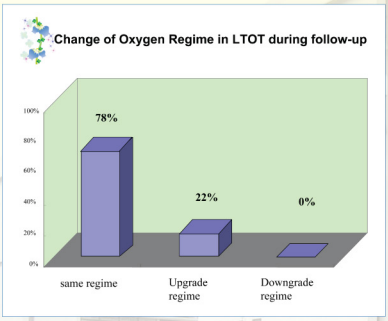
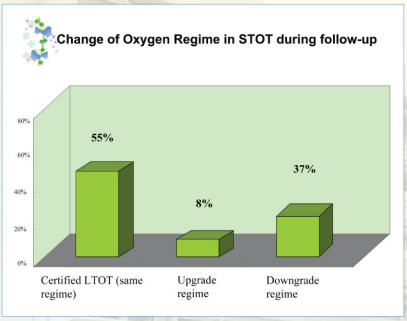
Introduction: Due to complex co-morbidities, busy hospital routines and tight hospital bed-stay, "Long Term Oxygen Therapy" (LTOT) might not be prescribed properly in adhering to the classical guidelines, which requires patients to be in stable condition and chronic hypoxemia to be ascertained by repeated arterial blood gas measurement. Currently, clients with potential indications for LTOT would be prescribed as "Short Term Oxygen Therapy" (STOT). Patients were followed up after a stabilization period and attended a comprehensive re-evaluation at around 3-month post-discharge with aim to ascertain their long term needs for this therapy. This report was intended to describe the result of this follow-up service.

Methods: A cohort, which included all the patients receiving 3-month post discharge follow up from RMD in Kowloon Hospital from March 2008 till November, 2009. Patients suffering from chronic lung diseases and who were hypoxemic were recruited. According to the new guideline by OTCOC, the therapy were classified as either "LTOT", "STOT" or "Palliative" plus either one of the following regimes descriptions: continuous, ambulatory, nocturnal use1. Follow-up assessment would be arranged for each patient at around 3-month post-discharge. For those patients on STOT, they would be referred back to their respective clinics for taking baseline astrup for ascertaining chronic hypoxemia. Each client also underwent de-saturation test and oxygen profile assessment.

Results: 151 patients had installed home oxygen devices and 40 of them missing from FU. A cohort, included 109 patients returned for 3-month follow-up (Mean FU day: 72 days), 62.2% had their primary diagnosis as COPD. Only 36(33%) patients certified for LTOT and 73(67%) STOT were initiated for them. Upon review, 68(62%) cases were maintained same usage regimes and remaining 41(38%) cases were suggested to alter regimes. For those on LTOT, 6(22%) were upgraded oxygen usage regime. For those on STOT, 40 patients from STOT were certified to LTOT, in which 6(8%) were upgraded oxygen regime. 37% of patients downgraded oxygen usage regime.







Conclusion: Despite stringent criteria for HOT prescription were followed, there was still a big proportion (around one-third) of cases changes in the need for oxygen therapy regime at the 3-M follow-up assessment.

The result substantiated the view-point that it may not be feasible to conclude the regime of home oxygen therapy during hospital stay, and follow-up assessments were indicated. The new guideline with distinctive terminologies in labeling HOT regimes also proved to be workable in service implementation.