

**THAMES VALLEY & WESSEX NEONATAL OPERATIONAL DELIVERY NETWORK**

<b>Home Oxygen Checklist</b>	
Approved by/on	Thames Valley & Wessex Neonatal ODN Governance Group 23 November 2023
Date of publication	November 2023
Last reviewed	New checklist
Review date (Max 3 years)	November 2026
Lead authors	Janine Snook, South East Project Lead for Neonatal Outreach Services
Distribution	Thames Valley and Wessex Neonatal Clinical Forums Thames Valley and Wessex Neonatal Network website Thames Valley and Wessex Neonatal Network newsletter
Related documents / References	
Implications of race, equality & other diversity duties for this document	This guideline must be implemented fairly and without prejudice whether on the grounds of race, gender, sexual orientation or religion.

**Version Control:**

<b>Version</b>	<b>Date</b>	<b>Details</b>	<b>Author(s)</b>	<b>Comments</b>
V1	17 <sup>th</sup> Oct 2023	Checklist created. Ratified at Governance Nov 23	JS	P.McEwan
<b>Review Date:</b>	<b>November 2026</b>			

## DISCHARGE CHECKLIST FOR BABIES REQUIRING HOME OXYGEN

### BEFORE DISCHARGE HOME

Decision made to discharge baby on home oxygen.  
Baby medically stable

Sleep study organised to determine oxygen  
requirement

Refer to outreach/community nursing team

Written information given or signposted to electronic  
information re home oxygen. Refer to Bliss, and Dolby  
Vivisol Website

Discharge meeting arranged

Communication with health visitor

Complete Home Oxygen Order Form (HOOF) and  
send to Dolby Vivisol

Resus training

Competent in fixing and changing prongs and using  
equipment

Opportunity given to room in on unit

Home assessment considered

Car seat challenge

Check immunisation status, including RSV

Open access arranged

### AT DISCHARGE

Send discharge summary to  
GP, health visitor, and  
community team

Ensure community  
nurses/outreach team/ and  
health visitor are aware of  
discharge

Given telephone numbers  
for help/support whilst  
home, i.e., outreach

Provided with equipment  
dependent on local policy,  
i.e., saturation/apnoea  
monitor

Follow up appointments  
arranged

### ONCE DISCHARGED HOME

Home visits tailored to family's needs.  
"Spot" oxygen saturations monitored at  
least weekly as minimum for first month  
at home then as clinically directed by  
consultant.

Target oxygen saturations above 95%

Wean as clinically indicated as per local  
guideline. Consider weight gain and  
growth.

Outreach service/community nurses to  
liaise with neonatal/paediatric consultant  
if any concerns regarding weaning off  
oxygen.

Key:	
	Consultant decision/task
	Multi-disciplinary task
	Nursing task for parents
	Nursing task
	Outreach/community paediatric team task