



Family Nursing & Home Care

Standard Operating Procedure

Weaning off home oxygen within the community Children & Young People

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Document Profile

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Version Control / Changes Made

Date	Version	Summary of changes made
May 2021	1	Draft SOP transferred to new SOP template (Mo de Gruchy)

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Introduction

This Standard Operating Procedure (SOP) has been developed to guide the practice of the Community Children's Nursing Team (CCNT) for weaning patients off home oxygen within the community. It provides a framework for the provision of safe and effective care.

This standard operating procedure does not replace professional judgement which should be used at all times

A clear rationale should be presented in support of all decision making

Practice should be based on the best available evidence

Appropriate escalation when care needs have this requirement

When care is delegated to a non-registrant, the registered nurse remains accountable for the appropriateness of the delegation and the overall outcome of the delegated task.

SOP 1 Guidance for weaning children and young people off oxygen at home

Purpose

This Standard Operating Procedure (SOP) provides guidance to the Community Children's Nurses and other staff working under their direction to ensure safe monitoring and weaning off oxygen at home for children and young people.

Scope

This SOP applies to neonates, infants, children and young people on the CCNT caseload in the home setting or other community setting.

Core Requirements

Oxygen weaning should only be undertaken in agreement with the Paediatric Consultant and Clinical Investigations Department.

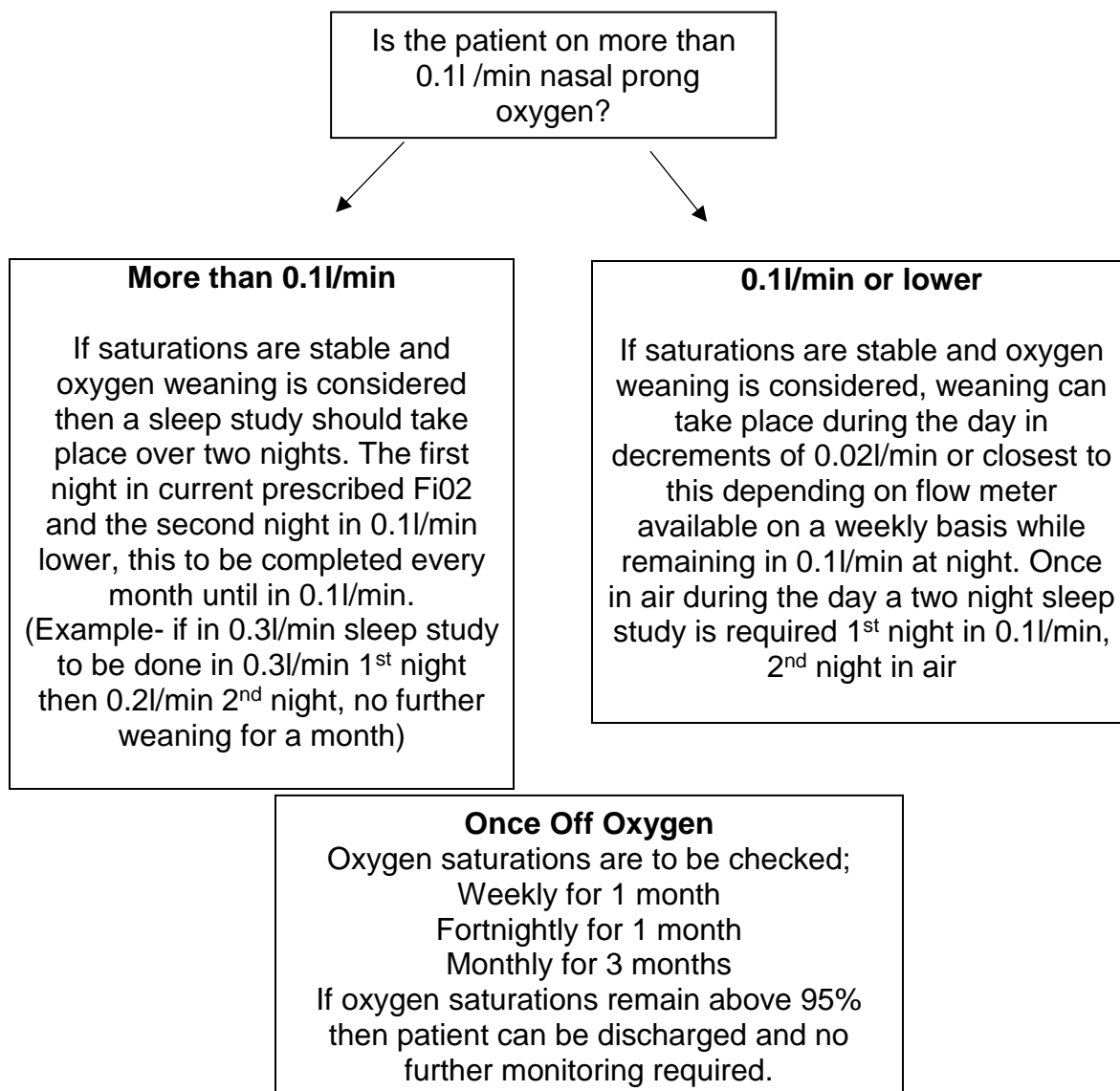
Pre-discharge:

- The Paediatric Consultant should authorise the use of home oxygen with clear instruction of flow to be given.
- Clinical investigations need to be informed and home oxygen delivered to the house with safety education provided to parents.

On Discharge:

- Patients with an oxygen requirement will not require any continuous monitoring at home.
- CCNT should visit the patient within 48 hours of discharge.
- Patients are to have target oxygen saturations of 95% or above.
- Weaning off oxygen should be done in conjunction with the patient's paediatric consultant.
- Patients should be investigated with sleep studies on a monthly basis to determine whether weaning is appropriate.
- Sleep studies should take place over two nights, the first night in currently prescribed oxygen and the second in 0.1litre per minute (l/min) lower. The child should remain in higher rate until results reviewed.
- Once babies are in 0.1l/min at night weaning can take place during the day in decrements of 0.02l/min on a weekly basis or as close to this depending on the flow meter available. They should remain in 0.1l/min overnight.
- Once the child is in air in the day the child can have a two night sleep study (night 1 in 0.1l/min, night 2 in air).

- Sleep studies to be done using an appropriate monitor and probe, clinical investigations to download recording and paediatric consultant to review the results and decide on the outcome and current oxygen requirement.
- Oxygen should not be weaned during illness, as this may result in an oxygen requirement increase.



Note- Weaning should not happen if the patient is unwell.

Weaning can take place during any season of the year.

Oxygen saturations should be monitored after they have been weaned to ensure they consistently maintain saturations of 95% and above.

Once sleep study is satisfactory when in air both day and night the oxygen equipment can be removed.