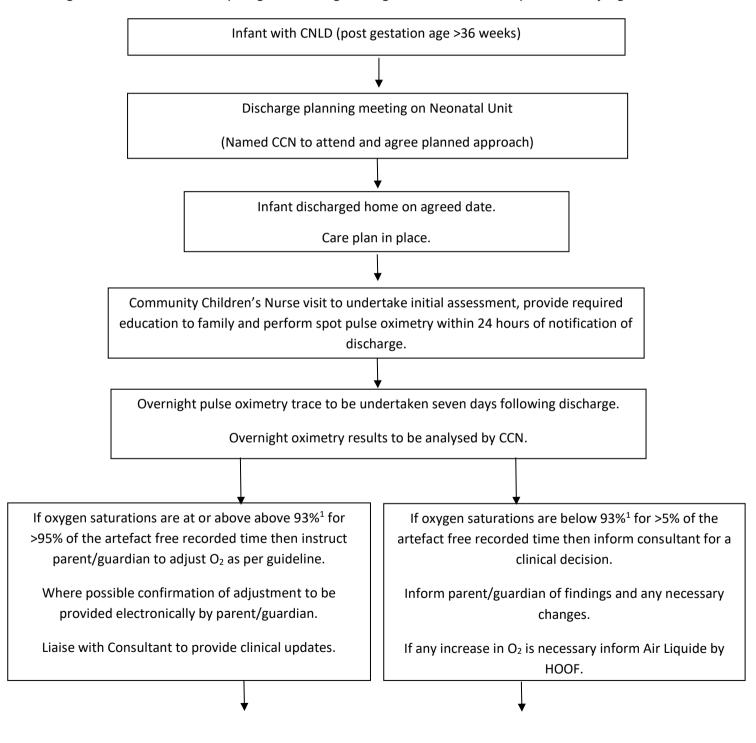




Long Term Oxygen Therapy (LTOT) Pathway For Infants With Chronic Neonatal Lung Disease (CNLD)

Babies who are discharged on home oxygen should have their oxygen saturation levels regularly monitored in order that they don't suffer from hypoxia but equally have an appropriate weaning regime maintained. This guidance is for those babies who have chronic lung disease without any additional pathology and is targeted at babies >36 weeks post gestational age. This guideline should not replace clinical judgement.



Following first adjustment in delivered O₂ undertake home visit within 24 hrs to perform spot pulse oximetry and clinical review.

Overnight pulse oximetry trace to be undertaken as per below <u>Oxygen Reduction</u> Guidance.

Where adjustments to delivered O_2 are required the CCN should make arrangements for this to happen in a timely way and perform spot saturations to confirm patient is stable within 24 hours

Consultant to be notified of any adjustments and clinical changes.

Following discontinuation of oxygen, perform overnight pulse oximetry within seven days. The oxygen equipment should remain in the home for three months.

Spot pulse oximetry recording to be taken monthly for 3 months.

Contact oxygen supplier for R/O equipment

Oxygen Reduction Guidance

- 1. When delivered O_2 is>0.1 l/min overnight oximetry should be performed and repeated at two weekly intervals. Reduction in delivered O_2 should be made in 0.1 l/min increments until delivered O_2 equals 0.1 l/min.
- 2. When delivered O_2 is ≤ 0.1 l/min overnight oximetry should be performed every seven days. Reduction in delivered O_2 should be made in 0.02 l/min increments until O_2 is discontinued.

Reference: 1 Balfour-Lynn I et al. Guidelines for Home Oxygen in Children; Thorax 2009 Aug; 64 (2) 1-29