



Oxygen Therapy

St Luke's Hospice
Little Common Lane
Sheffield, S11 9NE

stlukeshospice.org.uk

T: 0114 236 9911

E: info@hospicesheffield.co.uk

25-0626-0629-HMC

Registered Charity No. 254402

Oxygen Therapy

Your body needs oxygen to work properly. Usually, you breathe in oxygen from the air around you. This goes into your lungs and then into your blood. Your blood then carries the oxygen to all the cells in your body.

Why will you benefit from oxygen therapy?

Some medical conditions make it harder for your body to get oxygen into your lungs. To get enough oxygen, your body works harder. This can make you feel breathless. Oxygen therapy is a way to give you extra oxygen. It can be given through a mask that sits over your nose and mouth or through small, soft tubes that rest in your nostrils. There are adapted masks available if you have a tracheostomy.

How we prescribe oxygen:

Usually, we measure the oxygen level in your blood using a probe we place on your finger. The probe rests on your finger and doesn't hurt. We prescribe your dose of oxygen and the way we give you oxygen based on the results from the probe. You don't need to breath differently on oxygen therapy, you can breath as normal.

The main ways we give you oxygen are:

- Through a face mask that is placed over your nose and mouth



- Through small tubes placed into your nostril called nasal cannula



- Through a tracheostomy mask



How often will I need oxygen tests with the finger probe?

This will be decided by your medical team and will be dependent on your medical condition. Not everyone needs daily oxygen test with a finger probe.

How long will I stay on oxygen therapy

How long we prescribe you oxygen for depends on your own condition. If your blood oxygen level improves, we may reduce and stop oxygen therapy. Other people continue to use oxygen for comfort and symptom management.

How should I use my oxygen?

Medical oxygen is a drug and must be prescribed by a qualified clinician. Like most medications, it can have side effects and these will have been considered when prescribing it.

Your prescription will be personalised to you including:

- How you receive the oxygen
- How many hours in a day you use it for
- What flow rates your oxygen is set at, or varied between

It can be dangerous to change these without clinical supervision. If you ever feel a change to your oxygen prescription is needed please discuss this with your clinician.

If you feel breathless:

Tell the nurses, physiotherapists, or doctors. They will assess you and administer more oxygen if you need it.

Other ways to treat breathlessness

There are many ways to treat breathlessness caused by a medical condition. Your oxygen may be reduced or stopped while you still experience occasional breathlessness. If you are experiencing breathlessness, always tell the nurses or doctors who will reassure you and explain what is happening. They will give you more oxygen or other treatments for your breathlessness if needed.

Risks of oxygen therapy

- Oxygen treatment can be very drying on the mouth and nasal passages. If this is a concern for you, please discuss it with your clinician, who may be able to adjust its delivery or suggest ways to safely manage these.
- Oxygen therapy can be very noisy and cumbersome.
- Oxygen enhances combustion. This means that anything in the presence of oxygen will burn faster, especially clothes, bedding, and ointments containing petroleum products. We strictly enforce a no-smoking policy in the hospice.
- Excess oxygen levels. For most people, having extra oxygen is not harmful. There are certain cases where receiving an abnormally high level of oxygen can be dangerous; these are patients who are known to retain carbon dioxide in their bloodstream.
- A medical condition known as “type 2 respiratory failure”. In these cases, patients’ oxygen levels and administration needs to be tightly titrated to a rate based on their personal condition.

Type 2 respiratory failure is related to conditions such as:

- chronic obstructive pulmonary disease (COPD)
- obesity hypoventilation syndrome
- weakness of the lung muscles
- sleep apnoea
- sleep disorders affecting the level of carbon dioxide in your lungs

If you are concerned this may apply to you please discuss it with your clinician.

If your oxygen mask falls off

If your oxygen mask temporarily falls off, the nurses looking after your care will ensure that it is replaced as soon as possible. You may replace it back over your nose and mouth as you have been advised.

Oxygen therapy at home

Most people do not need to go home on oxygen. If you need oxygen at home, your healthcare team will discuss this with you.

More information

If you have any questions about your oxygen therapy, ask the nurse, doctor or physiotherapist that’s looking after you.