



BREATHE SERVICE

The role of BREATHE, supporting oxygen patients and breathlessness management



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Objectives

- Discuss BREATHE as a service
- Focus on oxygen (how and when to refer, what if your patient is on oxygen and deteriorates)
- Breathlessness management

Who Are We?

- We are a team of respiratory nurses integrated into the six neighbourhoods in Barnsley
- 1 Clinical Team Leader
- 1 Senior Respiratory Nurse
- 2 respiratory nurses in each neighbourhood delivering nurse clinics and home assessments in their areas
- Respiratory consultant delivering two respiratory clinic sessions per week
- Access to respiratory physio.
- Independent nurse prescribers, or working towards

Who is it for?

- Patients over the age of 18, who live in the Barnsley area or who are registered with a Barnsley ICB GP practice.
- Diagnosed with a long-term respiratory condition - COPD, asthma, bronchiectasis, interstitial lung disease.

Who is it not for?

- Patients with ventilatory disorders alone, i.e. OSA/OHS
- ARI without background respiratory disease
- Referring for pulmonary rehabilitation, this is a separate service
- Heart failure alone, except for oxygen assessment.

Services offered

- Exacerbation support service-LRTI, pneumonia, exacerbation of chronic respiratory disease,
- Home oxygen assessment –LTOT, AOT, POT, SBOT.
- Supported discharge and admission avoidance, working in partnership with virtual ward and YAS/ ED.
- FeNO testing.
- Long term nebuliser assessment
- Enduring support.

Response times

- 2-hour crisis
- 24-hour urgent
- Routine (3 days)
- Planned (7 days)
- Provision of proactive care (> 7 days)

Referral Process

- E-mail referral proforma to
RightCareBarnsleyIntegratedSPA@swyt.nhs.uk
- Electronic referral (SystmOne practices)

GOOD REFERRALS:

- What is the concern?
- What are you asking for?
- What have you done so far?

FIRST REFERRAL MUST COME FROM A HEALTHCARE PROFESSIONAL, PLEASE DO NOT INSTRUCT THE PATIENT TO CALL THE SERVICE THEMSELVES

INCLUDE IN THE REFERRAL:

- **Latest spirometry, imaging, clinical summary particularly for non SystmOne users**

Oxygen

Types of oxygen therapy used in COPD

- ***Long Term Oxygen Therapy (LTOT)***

LTOT is indicated for people with COPD who have persistent hypoxia when stable. LTOT aims to improve long-term prognosis and requires >15 hours use per day to provide the desired benefit.

- ***Ambulatory Oxygen Therapy (AOT)***

AOT may be indicated for people where LTOT is not indicated but have been shown on formal exercise testing to desaturate on exertion and benefit from AOT.

- ***Palliative Oxygen Therapy (POT)***

POT can be trailed for people receiving end-of-life care that have refractory breathlessness and hypoxia and have not responded to opioids and non-pharmacological measures.

There is no indication for short burst oxygen therapy for the management of COPD.

When to consider Long Term Oxygen Therapy?

- Patients aged over 18 with resting stable $\text{SpO}_2 \leq 92\%$ and non-smoker for 12 weeks
- Patients $\text{SpO}_2 \leq 94\%$ with peripheral oedema, polycythaemia (haematocrit $\geq 55\%$) or PAH
- Patients who have end-stage cardio-respiratory disease/ cancer with $\text{SpO}_2 < 92\%$ with symptom of intractable breathlessness despite optimisation of treatment/ therapy.

When to consider AOT?

- Provision of oxygen for people who are still mobile beyond the confines of their home!
- Shown to be effective in increasing exercise capacity and reducing breathlessness in patients with exercise arterial oxygen desaturation (fall of more than 4% or to below 90%)

Unsuitable patients for Oxygen Assessment

- Patients who smoke/vape
- Patients that are identified as unsafe e.g. falls risks

When to consider Oxygen therapy in Palliative Care patients

- Cancer/end stage cardiorespiratory disease with breathlessness should NOT be prescribed oxygen if not hypoxaemic i.e. - $\text{Spo}_2 \leq 92\%$

BREATHE/palliative care team to:

- Assess trial of opiates / anxiolytics
- Use of non-pharmacological treatments e.g fan therapy, breathing control techniques, referral to physiotherapist

Deterioration of patients on LTOT

- Patients and non HOSAR (home oxygen and review service) health care professionals should never adjust LTOT flow rate
- If patients are saturating below their usual parameters – contact 999 as they will require supplementary oxygen
- Consider RESPECT, escalate patients whose wishes reflect not for admission

Breathlessness management in COPD patients

- Consider non-pharmacological treatments:
- Fan therapy, breathing techniques, Pulmonary Rehab, referral to physiotherapist
- Trial of opioids

Breathing techniques

- Rectangle breathing
- Box breathing
- ACBT (Active Cycle Breathing Technique) – used more for sputum clearance
- Pursed lip breathing

[Techniques to help you manage your breathing | Asthma + Lung UK](#)

