

## High Flow Oxygen Therapy

**This policy DOES NOT include high flow therapy without oxygen** – if this is the requirement it will need to be via an individual funding request.

This modality is **not normally suitable** to be used for patients in the last days of life.

### Threshold

## High Flow Oxygen Therapy

Currently the only available device for high flow oxygen therapy in the community is the myAIRVO2 system (Fischer and Pykel) which delivers warmed and humidified respiratory gases, including at high-flow rates.

It includes a humidifier with an integrated flow generator that is designed for use in patients who are breathing without help and has interfaces to suit both upper and bypassed airways (tracheostomy patients).

Other features of myAIRVO2 are that it allows clinicians to titrate flow (from 10 to 60 litres/min on adult mode) and oxygen independently from one another and does not need a sealed interface. The product is marketed as AIRVO2 and myAIRVO2. myAIRVO2 is a device that is being used in the home or other domiciliary care environment only.

Standard criteria have been developed which do not specify diseases or syndromes which are or are not eligible but aim to identify the conditions in which a patient would be suitable for high-flow therapy within the community regardless of disease or syndrome. In so doing one set of criteria can be used and there is not a need to continuously update eligible and ineligible diseases or syndromes.

The criteria are as follows – the answer must be YES to all questions and explanations must given for the positive response:

- Does this patient require high-flow oxygen that must be warmed and humidified?
- Can the patient only tolerate high-flow oxygen with humidification?
- Is the patient suitable for care in the community or a hospice i.e. does not desaturate to dangerous levels for that patient without any oxygen?
- MyAirvo has a 100 minute daily cleaning cycle – will the patient be safe without high flow humidified O2 for this time period? (2 appliances to cover this time period will not be permitted)
- Will the patient's current level of mobility remain the same whilst using MyAirvo? (this equipment has limited portability)
- Is the patient and all members of their household NON smokers? (There is a higher risk of fire and explosion with high-flow oxygen)
- Is the patient's home/community location free from open flame gas fires or gas cooking appliances?



The following form must be completed and sent to the commissioning CCG before the patient starts on this modality:

**Patient information for prospective audit; myAirvo**

Please complete and return to the address below even if your answers are no to any of the questions.

This will help us understand the type of patients being considered for this modality

<b>Patient details</b>	<b>Name</b>		<b>NHS number</b>	<b>DOB</b>
<b>Clinician details (person completing form)</b>	<b>Name</b>		<b>Job Title</b>	
	<b>Organisation</b>		<b>Phone number</b>	
<b>What clinical conditions does the patient have?</b>				
<b>Is the patient currently in hospital or the community?</b>	<b>Hospital</b>	<b>Community</b>	<b>Other – please detail</b>	
<p><b>If the answer to any of the questions is NO – then the patient is not suitable for myAirvo This system is not for use in hospital</b></p>				
	<b>Please answer all questions</b>	<b>Yes</b>	<b>Please explain the reasons why</b>	<b>No</b>
<b>Reason why MyAirvo is suitable for this patient</b>	Does this patient require high-flow oxygen that <b>must</b> be warmed and humidified?			
	Can the patient only tolerate high-flow oxygen <b>with</b> humidification?			
	Is the patient suitable for care in the community or a hospice i.e. does not desaturate to dangerous levels, for that patient, without any oxygen?			
	MyAirvo has a 100 minute daily cleaning cycle – will the patient be safe without high flow humidified O2 for this time period?		<b>How has this been tested?</b>	
	Will the patient's current level of mobility remain the same whilst using MyAirvo?			

	(this equipment has limited portability)			
	Is the patient and <u>all members</u> of their household <b>NON</b> smokers?  (There is a higher risk of fire and explosion with high-flow oxygen)			
	Is the patient's home/community location free from open flame gas fires or gas cooking appliances?			
<b>If all answers are Yes how long do you consider this patient will need MyAirvo for?</b>	Less than a month	1 -3 months	3- 6 months	>6 months
<b>Signature of clinician</b>			<b>Date of completion of this form</b>	

**Please return to:-**

**LCCG:** This form should be returned to [luton.itp@nhs.net](mailto:luton.itp@nhs.net)

**BCCG:** This form should be returned to: [Beds.IFRrequests@nhs.net](mailto:Beds.IFRrequests@nhs.net)