Equipment requirements for community based paediatric oxygen treatment

Cheryl Angell

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Reason for choice</th>
<th>Decision maker on equipment</th>
<th>Who provides equipment</th>
<th>Who covers cost of equipment</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Domiciliary systems:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Oxygen concentrator with low flow meter attachment</td>
<td>Best option when a continuous supply of oxygen is required. Less stressful for parents and more economical. To contact concentrator contractors dial 100 and ask for Freephone Oxygen</td>
<td>Hospital consultant</td>
<td>Concentrator provided by contractors—for example, DeVilbiss and Omnicare</td>
<td>FHSAs</td>
<td>A concentrator is preferable for the provision of long term oxygen treatment for paediatrics. Family also benefit from the companies maintenance support. At present, the hospital meets the expense of the low flow meter. It would be preferable if it was included in the concentrator package and funded by the FHSA</td>
</tr>
<tr>
<td>(B) Oxygen cylinders with bullnose regulator and low flow meter</td>
<td>When oxygen is used infrequently—for example, symptomatic relief</td>
<td>Hospital consultant</td>
<td>Cylinders: general practitioner on prescription (size F). Regulator and low flow meter are provided by the hospital</td>
<td>Cylinders by FHSA</td>
<td>Less likely treatment choice. Majority of patients go home on low flows on continuous supply</td>
</tr>
<tr>
<td>(2) Portable systems:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Hospital 'C' or 'D' cylinder: pin index regulator, low flow meter</td>
<td>Portables are essential to avoid mother and child becoming housebound</td>
<td>Hospital consultant (choice of equipment depends on its availability)</td>
<td>All portable systems are provided for by the hospital. Nothing is available on prescription</td>
<td>Hospital covers all the portable system costs</td>
<td></td>
</tr>
<tr>
<td>(B) Sabre AAV low flow oxygen treatment equipment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Department of Occupational Therapy, Royal Brompton and National Heart Hospital, Sydney Street, London SW3 6NP**

Cheryl Angell

Inquiries to: Mr Cheryl Angell or to Dr Martin Samuels, Dr David Southall, Sister K Jones or Sister J Noyes in the Department of Paediatrics at the Royal Brompton and National Heart Hospital.

FHSA, Family Health Services Authority.
Equipment requirements for community based paediatric oxygen treatment

Cheryl Angell

Arch Dis Child 1991 66: 755
doi: 10.1136/adc.66.6.755

Updated information and services can be found at:
http://adc.bmj.com/content/66/6/755.citation

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/