

## Appendix C: Medical Indications for Home Oxygen for Stable COPD Patients

Note: This is an example from the Fraser Health Authority. Consult your local health authority for local criteria.

### Objectives of Home Oxygen Therapy

- Oxygen therapy should aim for an arterial PaO<sub>2</sub> of 60 to 65 mm Hg (oxygen saturation greater than 90 per cent), at rest, and/or on exertion, and/or for nocturnal use.
- Reduction in the complications of chronic hypoxia.
- Increased activities of daily living.

At rest (on room air): Pa O<sub>2</sub> ≤ 55 mmHg; OR SpO<sub>2</sub> always ≤ 88% sustained continuously for 6 (six) minutes; OR PaO<sub>2</sub> = 56-60 mmHg with evidence of Cor Pulmonale, Pulmonary Hypertension, or Heart Failure, or polycythemia.

On exertion (6 minute walk): SpO<sub>2</sub> ≤ 87% (on room air) sustained continuously for 1 (one) minute during a 6 (six) minute flat surface walk.

Nocturnal Use: Nocturnal oximetry (minimum 4 hour study) with SpO<sub>2</sub> ≤ 89% for > 20% of the night OR SpO<sub>2</sub> ≤ 89% for > 10% of the night with evidence of Cor Pulmonale, Pulmonary Hypertension, or Heart Failure, or polycythemia.

Palliative and pediatric clients must still qualify with the above criteria for subsidy.

Infant clients SpO<sub>2</sub> always < 93% sustained continuously for 6 (six) minutes OR as assessed by a pediatric specialist.

Provide oxygen litre flow required maintaining SpO<sub>2</sub> ≥ 90% at rest, and/or on exertion, and/or for nocturnal use.