

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Guidelines for the Use of Extended Oxygen Tubing Lines

Rationale for using 'long line' oxygen tubing

This practice has been ongoing in specific areas of the hospital for many years for patients who require medium to long-term oxygen therapy. The primary aim in using oxygen long lines is to maintain, where appropriate the independence of the patient. Many patients also use oxygen long lines in their home environments for this very reason. Small portable oxygen cylinders in trolleys should be used in ward areas when mobilising patients on oxygen therapy however an alternative is to use 'long line' oxygen.

'Long line' oxygen may be defined as any length of tubing that allows the patient to be mobile outside of their bed space, probably greater than 3 meters.

The use of oxygen long lines (>3 meters) can pose a tripping hazard both for the patient and others and should wherever possible be avoided. However, clinicians equally feel that for certain patient categories restricting mobilisation could also pose a risk i.e. risk of DVT, lack of fitness, reduced mobility and increase in length of stay etc. These guidelines therefore provide a number of options that clinicians can use to cover a wide range of patient requirements.

Patients Requiring Oxygen Long Lines (Extended oxygen tubing)

- Wherever possible patients requiring oxygen long lines should be nursed on a specialist respiratory ward and should only be boarded out on non-respiratory wards as a last resort.
- The oxygen long line should not be long enough for the patient to leave their bedded area (in most areas this is a 6 bedded area or a cubicle).
- The long term oxygen dependent but ambulant / independent patient, on long line oxygen, should be nursed in a bed which is either next to or in extremely close proximity to the bathroom / toilet. This will facilitate independence and minimise the risk of tripping both for the patient and others.
- For those patients who are frail and also require long term oxygen therapy, it is highly likely that they will require supervision by a nurse to assist in their ambulating / toileting needs. These patients should be placed in beds not immediately next to the toilet / bathroom areas but still within the 6 bedded bay areas.
- For rehabilitation purposes the oxygen dependent patient may be attached to long line oxygen via a portable oxygen cylinders e.g. walking up and down the corridor. These patients will be supervised which in turn reduces the likelihood of a tripping hazard.
- In relation to the above it is also important that clinicians document any course of action taken in the management of Long Line Oxygen therapy.

For further information please contact the Respiratory Specialist Nurse or Ward 29 Freeman Hospital.

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