IDENTIFY PATIENTS WITH A NEUROLOGY DIAGNOSIS OF CLUSTER HEADACHES

HAS HOME OXYGEN BEEN RECOMMENDATION BY A NEUROLOGIST FOR CLUSTER HEADACHES?

Yes

Neurologist to send standard letter to GP with home oxygen prescription request

No

Identify who recommend oxygen for the patient if not a neurologist. Refer/speak to Neurologist if patient may benefit from oxygen therapy for acute attacks

GP to refer patient to Community Home Oxygen Service – Annual Review (HOS-AR team) for assessment.

HOS-AR team to safety risk assess – if safe, to prescribe:
100% oxygen short-burst, 12-15 L/min, 1hr/day via non rebreathable mask, 1 static cylinder.

PRESCRIBE OXYGEN: PART B HOOF AT 15 LITRES MINUTE, VIA NON REBREATHE MASK.
OXYGEN FOR 1 HR/DAY. Order : 1 x STATIC CYLINDER.
Document cluster headache patient on high flow oxygen on TPP/SystmOne patient alert.
Alert: Fire Brigade patient has oxygen cylinder in residence

HOS-AR 4-6 week follow up
Advise patient: if no effect after 20 minutes of high flow oxygen, probably no benefit to control cluster headache on this occasion & patient to consider other symptom control.
If oxygen has no effect after 5 episodes of cluster headache – consult GP with a view to removing home oxygen due to medication failure

Place on cluster headache log, monitor usage against concordance. Ensure coding is accurate on concordance.
Telephone call yearly from HOSAR team. If symptom free for 2 years – consider removing oxygen.
Please contact HOS-AR with any queries.
Standard Letter from Neurologist to GP:

(to include home oxygen prescription request)

Patient Name/Demographics

Please refer this patient to your community oxygen referral service for risk assessment, and if appropriate a prescription on a HOOF B form for:

12-15 litres oxygen per minute,
short burst 100% oxygen therapy,
using a standard cylinder, (order one standard cylinder initially)
plus a non rebreathing mask for one hour a day”.

Standard Questions to be addressed at the 4-6 week follow up and/or Yearly telephone follow up:

Aim: to assess efficacy of home oxygen during a cluster headache attack.

“Does the high flow oxygen result in a definite reduction in the duration or the intensity of the attacks of cluster headache?”

- If clear benefit, continue with oxygen use
- If no benefit (or very infrequent benefit, eg if oxygen helps with less than one quarter of the attacks) then remove the oxygen.
- If not clear, then reassess after 4 weeks, abstaining from using oxygen for 2 weeks then using oxygen for 2 weeks. Ask the patient to grade the duration and intensity of the attacks (ie with and without oxygen).
- If still not clear, ask them to see the GP to make a judgement on the efficacy of the oxygen.