V 1.0 Last reviewed: July 2022 Review date: July 2025

NOTTINGHAMSHIRE HOME OXYGEN PATHWAY FOR CLUSTER HEADACHES

Patient diagnosed with cluster headache confirmed by Neurologist and suitable for oxygen therapy.

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

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

HOS team to risk assess – if safe, to prescribe:

100% oxygen short-burst, 15 L/min, 1hr/day via a non-rebreathing mask, 1 static cylinder. (IHORM/HOCF/HOOF should be submitted for standard non-rebreathing mas mask and static cylinders)

PHOS Team: COMPLETE PART B HOOF, OXYGEN AT 15 LITRES MINUTE, VIA NON-REBREATHING MASK. 100% OXYGEN SHORT-BURST FOR 1 HR/DAY. Order: 1 x STATIC CYLINDER AND:

- 1. Advise patient: if no effect after 20 minutes of high flow oxygen, probably no benefit to control cluster headache on this occasion and patient to consider other symptom control method.
- 2. Document cluster headache patient on high flow oxygen on SystmOne/EMIS patient alert.
- 3. Alert Fire Brigade patient has oxygen cylinder in residence (if indicated on the EMHORT form) If oxygen has no effect after 5 episodes of cluster headache patient should inform their GP with a view to review therapy and possibly removing home oxygen due to medication failure.

Patient noted to have high cylinder usage or safety concerns.



Patient reviewed after 6 -12 months by HOS team. Review can be face to face or by phone.

Possible chronic patient



Consider high flow demand valve.

Update HOOF accordingly, if needed, requesting high flow demand valve and stating either chronic cluster headaches or patient safety reason.

Patient reviewed after 6 -12 months by HOS team.

Review can be face to face or by phone.



No reports of insufficient effect or high usage continue with current delivery method.

Possible episodic patient

Review patient annually including risk. concordance and clinical effectiveness.

If the patient does not use the oxygen for a year then arrange removal.

Information about commissioned Home Oxygen Services available within Nottingham and Nottinghamshire localities could be found on <u>TeamNet</u>. Please log into this online platform if you need an access to referral forms or to see service's contact details.

Glossary:

HOS - Home Oxygen Service team

HOOF – Home Oxygen Order Form

HOCF – Home Oxygen Consent Form

IHORM – Initial Home Oxygen Risk Mitigation Form; introduced to reduce the risk of a serious incident occurring if medical oxygen is installed in a home environment.

Non-rebreathing mask - a device used in medicine to assist in the delivery of oxygen therapy.

Static cylinder (DF) – holds 1360 litres of oxygen.

Cluster – attack between 1 & 8 times per day

Cluster cycle – lasts weeks or months with remission periods

Chronic – no remission periods or remissions that last less than a month at a time.

Episodic – attacks occur in periods lasting 7 days to a year and are separated by pain-free periods lasting 1 month or longer.

High flow demand valve - is a device that allows a patient to inhale 100% oxygen and is breath activated. It allows the high flow oxygen to be delivered using less oxygen, reducing the number of cylinders chronic patients need. It also stops the flow of oxygen if the patient falls asleep so maintaining safety and preserving oxygen supply.

From the clinical research there is no clear evidence that the demand valve has proven increased in efficacy for cluster headaches.

The high flow demand valve will only be available on the NHS for identified chronic sufferers.

If episodic patients wish to use a high flow demand valve, then they can be rented from BOC. The NHS cannot justify the cost of supplying demand valves to all cluster headache patients as there maybe years between episodes when an expensive valve is sitting in a patient's home not being used. Any consumables required by patients who have bought their own demand valve should be supplied free of charge by BOC as part of the contract.

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

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 six-monthly and annual 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, e.g. 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 (I.e. with and without oxygen).
- If still not clear, ask them to see the GP to make a judgement on the efficacy of the oxygen.

References:

- NICE Clinical guideline [CG150]. Headaches in over 12s: diagnosis and management; accessed on 04.01.2022
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- British Association for the study of headache, Guidelines for All Healthcare Professionals in the Diagnosis and Management of Migraine, Tension-Type Headache, Cluster Headache, Medication-Overuse Headache. 3rd edition (1st revision) 2010
- NHS England and NHS Improvement, Home oxygen order form (HOOF) letters and guidance, Updated 9th December 2021 (https://www.england.nhs.uk/coronavirus/publication/home-oxygen-order-form-hoof-letters-and-quidance/

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Version Control- Cluster Headaches - Home Oxygen Pathway			
Version	Author(s)	Date	Changes
1.0	Michalina Ogejo – Interface Pharmacist	July 2022	