



PROFESSIONAL NURSING SERVICE
Oxygen Safety: Home Oxygen Checklist

Patient Name: _____ D.O.B: _____ Date of Visit: _____

- | | | |
|--|------------------------------|-----------------------------|
| 1. No Smoking signs are posted in the household? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Liter flow is set at _____ per minute. Prescription rate is set at _____ per minute, is this correct? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Patient or family can verbalize prescribed liter flow? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Backup tanks have an oxygen regulator attached? (Concentrator only) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Patient or family can demonstrate how to set-up/ activate backup tanks. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Patient changes nasal cannulas weekly? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Patient changes long tubing monthly? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Vendor checks concentrator every three months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Concentrator is being used as the primary system while at home? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Patient has the vendor's phone number? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Patient or family is able to verbalize what to do during an emergency? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Liquid Oxygen Users Only: Patient or Family knows how to fill portable unit? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Patient or family members know how to operate equipment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Patient or family can demonstrate how to check concentrator alarm? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Electrical outlet for concentrator appears safe? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. There is evidence that patient smokes while on oxygen? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. There is evidence of smoking within 15 feet of O ² sources? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. If yes, has the patient's primary care physician been notified? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. Oxygen tanks are properly stored and secure? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 20. Residence has smoke alarms? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 21. Concentrator filter is clean? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 22. Patient or family can demonstrate how to clean the concentrator filter? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Name & Title of PNS Staff: _____ Date: _____



PROFESSIONAL NURSING SERVICE

Oxygen Safety Contract

Name: _____ **Date of Birth:** _____ **Date:** _____

Professional Nursing Service has the responsibility to ensure the health and safety of both our employees as well as our patients. It is important that our patients are well educated about the risks associated with using oxygen in the home.

The following concern(s) regarding oxygen have been identified:

- Patient and/or Caregiver smokes
- Gas appliances (for example: stove, hot water heater)
- Open flames (for example: candles, barbeque, fireplace usage)
- No smoke detector(s) and/or fire extinguisher(s)
- No carbon monoxide detector(s)
- Other: _____

The possible consequences of these safety issues if not corrected are a **home fire and/or explosion**.

People at risk for injury/death are those living within the home, visitors, neighbors, community rescue workers, and home healthcare employees.

NFPA recommends the following actions be taken to promote safety and reduce the risk of injury or death:

- NO SMOKING.** Smoking in the presence of oxygen is very dangerous.
- Remove O² cannula/mask if cooking with a gas stove or burning candles nearby.
- Obtain smoke detector(s) and/or replace battery
- Other: _____

I acknowledge by signing below that I have been informed about the above safety risks, potential consequences, and actions which I need to be corrected in order to safely use oxygen in the home environment, and I agree that I will comply with the recommendations noted above.

I further acknowledge that if I do not comply with the above recommendations that the organization may discontinue services (30 days to establish a primary care provider).

I hereby fully and forever release Professional Nursing Service and its employees, agents, and affiliates from any and all liability arising from a failure to comply with all safety concerns and recommendations listed on this form and agree to indemnify HBPC for all cost, expenses, and/or damages which may arise from claims which may in any way related to a failure to comply.

Patient: _____ **Caregiver:** _____

Agency Representative: _____



Name: _____ Date of Birth: _____

PROFESSIONAL NURSING SERVICE
Home Oxygen Safety: Oxygen Education Log

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PNS Staff Signature: _____ Date: _____

PROFESSIONAL NURSING SERVICE
Home Oxygen Instructions

Name: _____ Date of Birth: _____ Date: _____

Liter Flow: Keep your liter flow at _____ as ordered.

Nasal Cannula: Discard/ change every week, more frequently, as needed, or when you have a cold.

Long Oxygen Tubing: (Limit 75 feet) Wipe with damp cloth if soiled, but don't attempt to clean or soak the tubing. Discard/ change tubing every 30 days.

Portable Oxygen Cylinder: Store lying down in a cool, well ventilated area away from fire/heat source. Never store upright unless in a oxygen storage rack.

Back-up Tanks: Keep a regulator attached at all times.

Concentrator Filter: Clean Weekly.

Concentrator Alarm: Check Weekly, in order to check the alarm: power the concentrator off and then back on to listen for an audible alarm. Contact your vendor if alarm does not sound.

Concentrator Maintenance: This will be performed by the vendor every three months. Contact vendor if this is not done.

Oxygen Vendor Telephone: _____

Vendor Name: _____

IF YOU STILL SMOKE: STOP SMOKING!
Never smoke while on oxygen!

See Medical Oxygen Safety Fact Sheet for more safety information

Medical Oxygen Safety

Portable medical oxygen in the home has grown over the past decade. Medical oxygen adds a higher percentage of oxygen to the air a patient uses to breathe. Fire needs oxygen to burn. If a fire should start in an oxygen-enriched area, the material burning will burn more quickly.

Homes where medical oxygen is used need specific fire safety rules to keep people safe from fire and burns.

SAFETY TIPS

- » There is no safe way to smoke in the home when oxygen is in use. A patient on oxygen should not smoke.
- » Candles, matches, wood stoves and even sparking toys, can be ignition sources and should not be used in the home.
- » Keep oxygen cylinders at least five feet from a heat source, open flames or electrical devices.
- » Body oil, hand lotion and items containing oil and grease can easily ignite. Keep oil and grease away where oxygen is in use.
- » Never use aerosol sprays containing combustible materials near the oxygen.

FACTS

- ❗ Oxygen saturates fabric covered furniture, clothing, hair and bedding, making it easier for a fire to start and spread.
- ❗ Smoking materials is the leading heat source resulting in medical oxygen related fires, injuries and deaths.



Post **No Smoking** and **No Open Flames** signs in and outside the home to remind people not to smoke.



Your Source for SAFETY Information

NFPA Public Education Division • 1 Batterymarch Park, Quincy, MA 02169