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Home oxygen after a hospital stay

When it's okay to stop using it

It can be hard to breathe after some serious illnesses, such as pneumonia or heart failure, or an attack of COPD or another lung disease. You may still need extra oxygen after you leave the hospital. And you may go home with a prescription for supplemental (extra) oxygen therapy.

Supplemental oxygen therapy uses a tank or a machine to give you extra oxygen. This helps oxygen get to your lungs and heart and other parts of your body. The extra oxygen can make you stronger and more alert. It can help prevent death in people with COPD (severe chronic obstructive pulmonary disease) who have low oxygen levels much of the time.

But people often stay on oxygen therapy too long. If you start oxygen therapy, you should ask your doctor if and when you can stop. And get a follow-up test, as your doctor advises. Here's why:

Many people who use long-term home oxygen don't need it.

After a serious illness, oxygen therapy can help you get better but after you recover, you may no longer need the extra oxygen. Two common tests can show if you need extra oxygen: a pulse oximeter



that clips onto your finger, or a blood gas test taken from an artery in the wrist.

Testing shows that some people recover in just a few weeks, and up to half recover in two to three months. For these patients, continuing oxygen therapy is not helpful. If they stop, they do just as well as patients who continue home oxygen therapy without being tested.

Home oxygen therapy has risks.

- Oxygen is a fire hazard, especially near a fireplace, stove, or cigarette.
- Oxygen tubing can cause tripping and falling.
- The nose tubes can cause irritation and nosebleeds.
- It can be inconvenient to be tied to the oxygen tank. Some people find it embarrassing. Often, people are less social and active.

Home oxygen therapy has costs.

For people on Medicare, oxygen therapy costs about \$200 to \$300 a month. You have to pay one-fifth of the bill (\$40 to \$60) yourself, or with your extra health insurance.

The use of home oxygen has almost doubled over the past ten years. About half of patients do not get a follow-up test after two to three months. So they do not know if they should continue or stop the treatment.

How do you know if you need home oxygen?

Normal blood oxygen levels are above 88 percent. Home oxygen therapy is helpful when your level goes below 88 percent.

Some people only need extra oxygen at certain times. For example, your doctor may tell you to use oxygen therapy when you exercise or sleep, or if your blood oxygen level falls below 88 percent.

If you've started home oxygen, you should never reduce or stop it on your own. It is important to talk with your doctor if you think your oxygen therapy needs to change.

How is blood oxygen tested?

There are two main ways to test blood oxygen levels:

- A pulse oximeter. This device is placed on your finger or earlobe. It uses light to test the amount of oxygen in the blood.
- A blood gas test. If you need a more exact reading, medical staff will usually take blood from an artery in your wrist.

Advice from Consumer Reports

Reduce your need for extra oxygen

Below are two important ways to reduce the need for home oxygen therapy:

Stop smoking.

- Smoking is very bad for the lungs and heart. People who continue smoking are more likely to need long-term oxygen therapy.
- If you need help to stop smoking, ask your doctor. Your doctor can connect you with resources to help you quit, such as nicotine patches or other medicines.

Be as physically active as you can.

Ask about a referral to a pulmonary rehabilitation center or another physical therapy program. They can teach you breathing exercises and ways to be more active. Regular exercise can reduce the need for long-term oxygen. Learning ways to reduce stress and anxiety can help when you feel short of breath.

If your doctor says that you need home oxygen:

- Avoid fire hazards. Never smoke near oxygen. Follow the safety rules for your equipment.
- Learn to use your equipment correctly from a pulmonologist or pulmonary therapist.



This report is for you to use when talking with your health-care provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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