

To:
GPs
OOHs & COVID centres
Nursing Homes

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Dear Colleague

THE USE OF OXYGEN IN PRIMARY CARE FOR PATIENTS WITH COVID-19

For patients who are in respiratory distress due to COVID-19, a decision is needed on whether to admit to an acute hospital or to provide supportive care including palliation in a primary care setting i.e. in their own home or a care home.

Supplemental oxygen has only a limited role in the management of COVID-19 in care settings outside acute hospitals. The decision to prescribe oxygen should be made following assessment on an individual patient basis. For managing breathlessness in COVID-19, NICE advise that 'when oxygen is available, consider a trial and assess whether breathlessness improves'. The primary role of oxygen is to correct hypoxaemia. It may help breathlessness in hypoxaemia, but not when hypoxaemia is mild or absent.

Please refer to NICE NG163 for information on managing breathlessness, including controlled breathing techniques and pharmacological treatments. At end of life, treatment should focus on alleviating symptoms that cause distress and pharmacological approaches should be the mainstay of treatment. Please refer to RPMG guidance Covid-19: Symptom Management in Last Days of Life.

Oxygen may have some value in supporting patients with respiratory and cardiac morbidity. Patients with underlying conditions requiring oxygen may be recommended for oxygen as per normal arrangements."

Yours sincerely



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