
Oxygen therapy is often feared as a nearing of the end. It is misunderstood as uncomfortable, painful last few days. However, when medications are not enough early oxygen therapy will help you care for yourself easily and with energy.

BREATHE FREE LIVE FIT



CHEST CARE CLINIC, KHARGHAR

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This brochure is for the education and patient information, awareness

OXYGEN THERAPY



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Oxygen therapy is a treatment that provides you with extra oxygen. Oxygen is a gas that your body needs to function. Normally, your lungs absorb oxygen from the air you breathe. But some conditions can prevent you from getting enough oxygen such as interstitial lung disease or Chronic obstructive pulmonary disease.

The oxygen comes through nasal prongs, a mask, or a breathing tube. If you have a chronic problem, you may need a portable oxygen tank (cylinder) or a machine (oxygen concentrator) in your home.

Oxygen therapy is not a replacement for any medication, nor should any of the medicines be stopped out of hopelessness and disbelief. It is a simple way to satisfy the body's needs in difficult times which are common with the lung conditions. It is a common gas that we all breathe every day, but the patient needs it more than others.



Oxygen therapy is a serious matter. Excess oxygen may in turn damage the lungs. Un necessary usage will cause throat burns and nasal ulcers. Like all drugs, it also has side effects and harms can come from using the oxygen device without proper supervision and instructions.

Oxygen tanks and cylinders are flammable material just like home LPG gas. Care should be taken to check for leaks and damages. Also turn off the tank main valve system when not in use. National Institute for Health and Care Excellence Clinical Knowledge (UK) recommend that, if the patient will not stop smoking, oxygen therapy should be withheld. There is a real risk of fire and burns to the face and any benefit to health is counteracted by smoking. So active smokers will most likely never be prescribed oxygen till then have shown to have stopped smoking.

STRICTLY NO SMOKING, COOKING OR EXPOSURE TO ANY FLAMMABLE ITEMS (Heaters/Cooking material) AROUND THE CYLINDER.

Oxygen does not help in the healing of the lungs. It should always be used with the medication advised. Not to be used as an alternative. Oxygen therapy has a dose and time duration **with special instructions for use different for each patient.** Some patients will typically need oxygen only during sleeping and exercise. **This should be clearly understood by each and every patient and/ or relatives. Periodic revisions will be needed as per the improvement or deterioration of the clinical condition.**

Oxygen therapy will need the patient to follow up more frequently in the doctor's clinic. Portable oxygen may be needed for travel.

Monitoring the patient

The patient will have to be regularly monitored for the changes in oxygen status by a finger probe oxygen monitor. This is the oxygen saturation. The target oxygen saturation should be discussed with the doctor. Please avoid keeping oxygen saturation >95 % unless the doctor has expressly said so. Please also keep in mind that oxygen therapy is expensive and has side effects so long term unnecessary usage should be best avoided.

The patient should be watched for changes in breathing rate, coughing, changing color of tongue, drowsiness, and mouth drying. If any of these symptoms should occur then one should see the doctor immediately.

What is the outlook for people who use Long Term Oxygen Therapy?

Many people who need supplemental oxygen live normal, active lives. In many cases, the oxygen therapy helps make activity easier, increases stamina, and decreases shortness of breath.

Even people who need ongoing therapy due to chronic conditions can live normal lives. Once a person learns to

manage the oxygen equipment, the therapy doesn't have to limit their routine including trips to the market and exercise.

Short-burst oxygen therapy

Short-burst oxygen therapy (SBOT) is typically given to patients for the relief of breathlessness not relieved by any other treatments. It is used intermittently at home for short periods - for example, 10-20 minutes at a time.

Oxygen used in this way has traditionally been ordered for non-hypoxaemic patients and used for subjective relief of dyspnoea prior to exercise for oxygenation or after exercise for relief of dyspnoea and recovery from exertion.

Consider SBOT only for episodes of severe breathlessness not relieved by other treatments and continue only if breathlessness improves. You should discuss the details with your doctor to understand SBOT better.

REFERENCES :

1. <http://ndrfandcd.gov.in/CMS/FIRECompendium.aspx>
2. Maharashtra Fire Prevention and Life Safety Measures Rules, 2009.<http://mahafireservice.gov.in/Site/RoleOfMFS/ActsRules.aspx#>
3. <http://patient.info/in/doctor/use-of-oxygen-therapy-in-copd>