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සුවසිරිපාය

சுவசிரிபாய

SUWASIRIPAYA

සෞඛ්‍ය අමාත්‍යාංශය
சுகாதார அமைச்சு
Ministry of Health

මගේ අංකය)
எனது இல) NCCP/ADM / PC/34/2022
My No.)
ඔබේ අංකය)
உமது இல)
Your No. :)
දිනය)
திகதி) 30/11/2022
Date)

General Circular No: 01 - 04 /2023

All Heads of Institutions
All Provincial Directors of Health Services
All Regional Directors of Health Services

Establish a standardized mechanism to provide home oxygen for patients with hypoxia (using oxygen concentrators)

Home oxygen therapy is useful for hypoxic patients, (SpO₂ < 90-91%), either due to chronic respiratory failure or refractory cardiac failure or palliative patients with other life limiting illness such as cancer etc. Providing home-based oxygen as long-term oxygen therapy (LTOT) in Chronic Obstructive Pulmonary Disease has shown to increase survival and improve the quality of life of these patients.


Home oxygen is the only therapy (apart from smoking cessation) that reduces mortality. Furthermore, it helps decrease admissions to hospitals for treatment and thereby reduce the cost to the healthcare system. In addition, home oxygen therapy, as short burst oxygen improves quality of life of the palliative patients.

In this regard, at the request of Sri Lanka College of Pulmonologists, the National Steering Committee in Palliative Care recommended establishing a standardized mechanism for providing home oxygen for needy patients, by loaning out the underutilized oxygen concentrators purchased/donated during the COVID -19 pandemic.

A guideline was developed by National Cancer Control Programme with the inputs from the relevant professional colleges including Sri Lanka College of Pulmonologists, Sri Lanka College of Oncologists, Ceylon College of Physicians and College of Anesthesiologists and Intensivists of Sri Lanka and other relevant experts eg. Medical Supplies Division, Division of Bio Medical Engineering Services.

The final document is approved by the National Steering Committee on Palliative Care meeting chaired by the Director General of Health Services. The guideline is attached herewith. It is expected that relevant arrangements will be made at the institutional level to implement the necessary mechanism to provide home oxygen.

Your leadership, guidance and active participation are much appreciated in this national endeavor.


Dr. Asela Gunawardena
Director General of Health Services

Dr. ASELA GUNAWARDENA
Director General of Health Services
Ministry of Health
"Suwasiripaya"
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Colombo 10.

Cc:

Secretary Health

Additional Secretary (Public Health Services)

Additional Secretary (Medical Services)

All Secretaries – Provincial Ministries of Health

All Deputy Director Generals

Provincial Directors of Health Services, Regional Directors of Health Services

Director – National Cancer Control Programme, Non-Communicable Diseases, Medical Supplies

Division, Division of Bio Medical Engineering Services, National Programme for Tuberculosis

Control and Chest Diseases, Private Health Sector Development

Presidents of Sri Lanka College of Pulmonologists, Sri Lanka College of Oncologists, Ceylon College

of Physicians and College of Anesthesiologists and Intensivists of Sri Lanka, College of General

Practitioners of Sri Lanka

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Your No. :)

දිනය) 2022.11.30

திகதி)

Date)

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சுகாதார அமைச்சு
Ministry of Health

වක්‍රලේඛ අංක:01-04/2023

සියලුම ආයතන ප්‍රධානීන්

සියලුම පළාත් සෞඛ්‍ය සේවා අධ්‍යක්ෂවරුන්

සියලුම ප්‍රාදේශීය සෞඛ්‍ය සේවා අධ්‍යක්ෂවරුන්

හයිපොක්සියා (Hypoxia) රෝගීන් සඳහා ඔක්සිජන් සාන්ද්‍රක උපකරණ භාවිතයෙන් ගෘහස්ථ ඔක්සිජන් ලබා දීමට සම්මත ක්‍රමවේදයක් ස්ථාපිත කිරීම.


නිදන්ගත ශ්වසන අකර්මණ්‍යතාවයන් සහිත හෝ ඖෂධ මගින් පාලනය කළ නොහැකි හෘද අකර්මණ්‍යතාවයන් සහිත හයිපොක්සියා ($SpO_2 < 90-91\%$) රෝගීන් හෝ පිළිකා වැනි ජීවිත අවදානම් සහිත රෝග හේතු කොටගෙන සහන සත්කාර සේවා ලබන හයිපොක්සියා රෝගීන් හෝ සඳහා ගෘහස්ථ ඔක්සිජන් ප්‍රතිකාර ලබා දීම ප්‍රයෝජනවත් වේ. නිදන්ගත ශ්වසන මාර්ග අවහිරතා රෝග (Chronic Obstructive Pulmonary Disease) සඳහා දිගුකාලීන ඔක්සිජන් ප්‍රතිකාරයක් ලෙස ගෘහස්ථ ඔක්සිජන් ලබා දීමෙන් එම රෝගීන්ගේ පැවැත්ම සහ ජීවන තත්ත්වය ඉහළ නැංවෙන බව පෙන්වා දී ඇත. මෙවැනි රෝගීන්ගේ මරණ අඩු කරගැනීම සඳහා (දුම්බිම නැවැත්වීම හැරුණු කොට) ඇති එකම ප්‍රතිකාර ක්‍රමය ගෘහස්ථ ඔක්සිජන් ප්‍රතිකාර ක්‍රමවේදයයි. තවද, ප්‍රතිකාර සඳහා රෝහල්ගත කිරීමේ වාර ගණන අඩු කිරීමට මෙය උපකාරී වන අතර, එමඟින් සෞඛ්‍ය සේවා පද්ධතියට වැයවන වියදම අඩු කරයි. මීට අමතරව ගෘහස්ථ ඔක්සිජන් ප්‍රතිකාරය, කෙටිකාලීන ඔක්සිජන් සැපයුමක් ලෙස සහන සත්කාර සේවාලාභී රෝගීන්ගේ ජීවන තත්ත්වය ඉහළ නංවයි.

මේ සම්බන්ධයෙන්, ශ්‍රී ලංකා ශ්වසන රෝග විශේෂඥ වෛද්‍යවරුන්ගේ විද්‍යායතනය කළ ඉල්ලීමකට අනුව, කොවිඩ් 19 වසංගත සමයේ මිලදී ගත්/පරිත්‍යාග ලෙස ලැබුණු, මෙතෙක් භාවිතයට නොගත් ඔක්සිජන් සාන්ද්‍රක යන්ත්‍ර, නැවත බාර දීමේ පදනම මත අවශ්‍යතාවය සහිත රෝගීන්ට ලබාදීම සඳහා ප්‍රමිතිගත ක්‍රමවේදයක් සකස් කළ යුතු බවට සහන සත්කාර සේවා පිළිබඳ ජාතික මෙහෙයුම් කමිටුව (National Steering Committee on Palliative Care) නිර්දේශ කරන ලදී.

ඒ අනුව, ජාතික පිළිකා මර්දන වැඩසටහන විසින්, ශ්‍රී ලංකා ශ්වසන රෝග විශේෂඥ වෛද්‍යවරුන්ගේ විද්‍යායතනය, ශ්‍රී ලංකා පිළිකා රෝග විශේෂඥ වෛද්‍යවරුන්ගේ විද්‍යායතනය, ශ්‍රී ලංකා කායික රෝග විශේෂඥ වෛද්‍යවරුන්ගේ විද්‍යායතනය, ශ්‍රී ලංකා නිර්වින්දන හා දැඩි සත්කාර සේවා විශේෂඥ වෛද්‍යවරුන්ගේ විද්‍යායතනය යන වෘත්තික විද්‍යායතන සහ අදාළ විශේෂඥ දැනුමැති අනෙකුත් පාර්ශ්වකරුවන්ගේ (උදා: වෛද්‍ය සැපයුම් අංශය, ජීව වෛද්‍ය ඉංජිනේරු ඒකකය) සම්පත් දායකත්වයෙන් මාර්ගෝපදේශයක් සකස් කරන ලදී.

එහි අවසන් කෙටුම්පත, සෞඛ්‍ය සේවා අධ්‍යක්ෂ ජනරාල්ගේ මූලිකත්වයෙන් රැස්වූ සහන සත්කාර සේවාව පිළිබඳ ජාතික මෙහෙයුම් කමිටුව වෙත පිළිගන්වන ලදුව අනුමත විය. (එම මාර්ගෝපදේශය මේ සමඟ අමුණා ඇත). ගෘහස්ථ ඔක්සිජන් ප්‍රතිකාර සේවාව ලබා දීම සඳහා අවශ්‍ය ක්‍රමවේදය ක්‍රියාත්මක කිරීමට, ආයතන මට්ටමින් අදාළ කටයුතු සුදානම් කරනු ඇතැයි අපේක්ෂා කෙරේ.

මෙම ජාතික කර්තව්‍ය සාර්ථක කර ගැනීම සඳහා ඔබගේ නායකත්වය, මහපෙන්වීම හා ක්‍රියාකාරී සහභාගීත්වය බෙහෙවින් අගය කොට සලකමි.


වෛද්‍ය අශේල ගුණවර්ධන
සෞඛ්‍ය සේවා අධ්‍යක්ෂ ජනරාල්

වෛද්‍ය අශේල ගුණවර්ධන
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අතිරේක ලේකම් (මහජන සෞඛ්‍ය සේවා)

අතිරේක ලේකම් (වෛද්‍ය සේවා)

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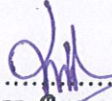
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மருத்துவ விநியோக பிரிவு, உயிரியல் மருத்துவ பொறியியல் சேவைகளின் பிரிவு என்பவற்றின் பங்களிப்புடன் தேசிய புற்றுநோய் கட்டுப்பாட்டு திட்டத்தினால் உருவாக்கப்பட்டுள்ளது.

இறுதி வரைவு சுகாதார சேவைகள் பணிப்பாளர் நாயகம் தலைமையில் நடைபெற்ற நோய்த்தடுப்பு கவனிப்பு சிகிச்சைக்கான தேசிய வழிகாட்டல் குழு கூட்டத்தில் சமர்ப்பிக்கப்பட்டது. வழிகாட்டுதல் இத்துடன் இணைக்கப்பட்டுள்ளது. வதிவிடத்திலேயே ஆக்ஸிஜனை வழங்குவதற்கு தேவையான பொறிமுறையை செயல்படுத்த நிறுவன மட்டத்தில் பொருத்தமான ஏற்பாடுகள் செய்யப்படும் என்று எதிர்பார்க்கப்படுகின்றது.

இந்த தேசிய முயற்சியில் உங்களது தலைமை, வழிகாட்டுதல் மற்றும் செயலுக்கமான பங்கேற்பு ஆகியவை மிகவும் பாராட்டத்தக்கவை.


.....
சுகாதார சேவைகள் பணிப்பாளர் நாயகம்,

Dr. ASELA GUNAWARDENA
Director General of Health Services
Ministry of Health
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10.

பிரதி:

செயலாளர், சுகாதார அமைச்சு

மேலதிக செயலாளர் (பொது சுகாதார சேவைகள்)

மேலதிக செயலாளர் (மருத்துவ சேவைகள்)

அனைத்து செயலாளர்கள் - மாகாண சுகாதார அமைச்சு

சுகாதார சேவைகள் பணிப்பாளர் நாயகம்

அனைத்து பிரதி பணிப்பாளர் நாயகம்--

மாகாண சுகாதார சேவைகள் பணிப்பாளர்

பிராந்திய சுகாதார சேவைகள் பணிப்பாளர்

இயக்குனர்கள் - தேசிய புற்றுநோய் கட்டுப்பாட்டு திட்டம், தொற்று அல்லாத நோய்கள், மருத்துவ விநியோக பிரிவு, உயிரியல் மருத்துவ பொறியியல் சேவைகள் பிரிவு, காசநோய் கட்டுப்பாடு மற்றும் மார்பு நோய்களுக்கான தேசிய திட்டம், தனியார் சுகாதார துறை மேம்பாடு

தலைவர்கள் - இலங்கை நுரையீரல் நிபுணர்கள் கல்லூரி, இலங்கை புற்றுநோயியல் நிபுணர்கள் கல்லூரி, இலங்கை பொது மருத்துவ நிபுணர்கள் கல்லூரி, இலங்கையின் மயக்கவியல் நிபுணர்கள் தீவிர மருத்துவர்களின் கல்லூரி மற்றும் இலங்கையின் பொது மருத்துவர்களின் கல்லூரி

Guide for establishing a standardized mechanism for providing home oxygen for patients with hypoxia (using oxygen concentrators)

Rationale

Home oxygen therapy is useful for hypoxic patients, ($SpO_2 < 90-91\%$), either due to chronic respiratory failure or refractory cardiac failure or palliative patients with other life limiting illness such as cancer etc.

Providing home-based oxygen as Long-Term Oxygen Therapy (LTOT) in Chronic Obstructive Pulmonary Disease (COPD) has shown to increase survival and improve the quality of life of these patients.

Home oxygen is the only therapy (apart from smoking cessation) that reduces mortality. Furthermore, it helps decrease admissions to hospitals for treatment and thereby reduce the cost to the healthcare system.

In addition, home oxygen therapy, as short burst oxygen improves quality of life of the palliative patients

In this regard, at the request of Sri Lanka College of Pulmonologists the National Steering Committee in Palliative Care recommended establishing a standardized mechanism for providing home oxygen for needy patients, by loaning out the underutilized oxygen concentrators purchased/donated during the COVID -19 pandemic.

Purpose

The purpose of this guide is to assist healthcare providers as well as patients and caregivers in establishing a standardized mechanism for providing home oxygen using oxygen concentrators for hypoxic patients with chronic respiratory failure or palliative patients with hypoxia.

This guide is for:

All health care professionals who provide care for patients who use home oxygen therapy.

This includes

- Hospital specialist teams (eg; general medicine, respiratory medicine, cardiology, oncology and palliative care etc.)
- District Chest Clinic teams or hospital respiratory clinics (Respiratory Physician, Nursing Officer and Public Health Inspector (PHI) at chest clinic)
- Primary health care teams (Family Physician, Medical Officer In-Charge (MOIC), Public Health Nursing Officer)

Prescribing home oxygen using oxygen concentrators

Patient Assessment

- When a patient needs home oxygen therapy, before prescribing it, treating consultant (any specialized unit, palliative care unit etc) should refer the patient to relevant clinic (preferably to the oxygen clinic) established either at the District Chest Clinic or the hospital respiratory unit for the assessment. **It is recommended to establish an oxygen clinic where a consultant respiratory physician is available (Annexure 1)**
- All referrals (**Annexure 2**) are to be seen by the Consultant Respiratory Physician at the clinic conducted by the respiratory physician / oxygen clinic or Palliative Care Unit.
- Respiratory Physician should assess the patient and identify the eligible patients for home oxygen therapy using oxygen concentrators. (**Annexure 3**)
- Eligible patient categories are:

Respiratory Category

- Long-term oxygen therapy (LTOT)
 - COPD with
 - PaO₂ = <55mmHg (7.3kPa)
 - PaO₂ 55-59mmHg with evidence of polycythaemia, (HCT >55%) clinical cor pulmonale or pulmonary hypertension
 - Other pulmonary conditions with
 - PaO₂ = <55mmHg (Pulmonary fibrosis/Cystic fibrosis/Bronchiectasis/Severe long-term asthma/Pulmonary hypertension)

Palliative Category

- For **symptomatic relief** of dyspnoea in hypoxic patients with advanced progressive disease/cancer who fulfil the following criteria.
 1. inadequately controlled on **opioids / anxiolytics**
and
 2. with oxygen saturation levels usually of **<90% on air at rest**

Cardiac Category

- Severe refractory left ventricular failure associated with hypoxaemia (PaO₂ <55mmHg) and with symptomatic central sleep apnoea and CPAP intolerance

- When a patient is eligible for receiving an oxygen concentrator for home oxygen therapy, before issuing an oxygen concentrator,
 - Medical officer at the clinic conducted by the respiratory physician /oxygen clinic should do a preliminary home safety assessment using the questionnaire **(Annexure 4.)**
 - If needed help of the area Grama Niladari should be obtained for verification if there are safety concerns following the preliminary assessment.
 - Patient should provide a certificate issued by area Grama Niladhari to certify his residence and the suitability for receiving a home oxygen concentrator **(Annexure 4).**
- The oxygen concentrator will be issued by the pharmacist attached to the clinic conducted by the respiratory physician /oxygen clinic following a multidisciplinary team discussion (eg: Respiratory Physician, MO, physiotherapists Clinic Nursing Officer, PHI at chest clinic)
- Agreement for Handing Over the Equipment should be signed by the caregiver. **(Annexure 5)**
- Prior to issuing the oxygen concentrator, a mode of communication should be established with the patient and the care giver.

When recommending and prescribing home oxygen, the healthcare professionals should adhere to the following.

- Details of prescribing should be documented with a referral to the relevant clinic conducted by the respiratory physician/ oxygen clinic by the primary treating consultant.
- Patients who have Shared Care Clinical Record (H-1314) instructions should be written in it. (Shared Care Clinical Record should be issued to the patient at the time of diagnosis of a palliative patient at the cancer treatment centre).
- The patient/ caregiver should be made aware by the clinic conducted by the respiratory physician / oxygen clinic staff about the nature, benefits and safety issues involved in home oxygen therapy.
- Should document clear instructions for patient /caregiver using oxygen concentrators at home.

Monitoring the process of using home oxygen concentrators

- Details of patients who are on home oxygen should be maintained at the clinic conducted by the respiratory physician / oxygen clinic **(Annexure 6).**
- Bio Medical Division will issue oxygen concentrators to the pharmacists where ever the clinic conducted by the respiratory physician/ oxygen clinic is situated.

- Monitoring of patients in the community should be organised by the clinic conducted by the respiratory physician/ oxygen clinic with the help of the Grama Niladhari.
- A register should be maintained to record details of patients using home oxygen concentrators and follow-up.
- A quarterly return should be sent to the NCD unit of the MOH-(Annexure 7)
- Whenever possible, the Primary care team has to follow-up the patients using oxygen concentrators in the area and keep communication with PHI and the clinic conducted by the respiratory physician /oxygen clinic.

Death of a patient

In the case of death of a patient on home oxygen, the caregiver of the patient should inform and return the oxygen concentrator to the clinic conducted by the respiratory physician/ oxygen clinic. The clinic should establish and keep the communication channel with patient/caregivers and area Grama Niladhari.

Pilot study

A pilot study will be conducted at following settings.

- Central Chest Clinic Colombo-
Patients with chronic respiratory diseases residing in Colombo District will be included in the pilot study.
- National Hospital for Respiratory Diseases-Welisara
- Central Chest Clinic Kandy –

Patients with chronic respiratory diseases residing in Kandy District will be included.

- Palliative Care Unit, Apeksha Hospital, Maharagama –
Palliative patients with hypoxia, residing in Colombo District will be included. Patients will be identified and referred to Respiratory Physician by Palliative Care Unit, Apeksha Hospital. A Respiratory Physician (from Central Chest Clinic -Colombo) will visit Palliative Care Unit, Apeksha Hospital once in two weeks. Eligible patients for using oxygen concentrator at home will be identified and referred to Central Chest Clinic Colombo for follow up activities. Oxygen Concentrator will be issued from the Central Chest Clinic Colombo.

Cardiac and other categories of patient will not be included in the pilot study.

Annexure 1

What is an Oxygen Clinic?

An oxygen clinic is a combined hospital and community-based service where patients who are potential candidates for long term/ home oxygen are referred for formal assessment and prescription of oxygen therapy. This service would also include patient education, maintenance of a registry of patients using this service and follow up.

Patients can be referred to the oxygen clinic by any medical speciality with the recommendation of the unit medical consultant, by filling the referral form that will be sent out to hospitals. Once a patient is referred, a designated medical officer will do a detailed assessment of the patient and fill the initial electronic assessment form. Patient will be assessed for long term oxygen, ambulatory oxygen or short burst oxygen therapy as required. An arterial blood gas will be performed as well. The patient condition will be discussed with the consultant respiratory physician and an oxygen prescription will be issued. Before the oxygen delivery device is issued to the patient, the relevant authorised officer will be sent the details of the patient, and will be asked to do a safety check of the patient's residence and if possible, make alterations before the oxygen delivery device is issued.

The oxygen delivery device can be an oxygen concentrator or an oxygen cylinder, depending on the patient's medical condition and availability (Related to this activity the oxygen delivery device is an oxygen concentrator). It will be the patient's responsibility for safe maintenance of the device, to inform regarding any defect or damage and to return to the service in the event of non-compliance or patient expires.

An oxygen clinic is an essential service that would greatly benefit patients needing oxygen by providing standard high-quality care in par with international guidelines. Above all, oxygen is a medicine and should be properly prescribed by a responsible clinician.

<p>Patient details: Title: Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Name:</p> <p>NIC Number:</p> <p>Address:</p> <p>DOB: Age:</p> <p>Home: Mobile:</p> <p>Oxygen saturations (on air at rest)</p>	<p>Diagnosis:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">COPD</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">Pulmonary hypertension</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Bronchiectasis</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">Heart failure</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Interstitial lung disease</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">Malignancy</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Other (please specify)</td> <td style="padding: 2px;"></td> <td colspan="2" style="padding: 2px;"></td> </tr> </table> <p>Other Comorbidities:</p> <p>.....</p> <p>Medication list:</p> 	COPD		Pulmonary hypertension		Bronchiectasis		Heart failure		Interstitial lung disease		Malignancy		Other (please specify)			
COPD		Pulmonary hypertension															
Bronchiectasis		Heart failure															
Interstitial lung disease		Malignancy															
Other (please specify)																	

Referral letter:

Dr.....
.....

Dear Colleague,

I would like to refer the patient mentioned above for assessment for home oxygen.

Thank you

I confirm the patient is aware of the referral: Yes ☐ No ☐

Tel:
Stamp:

Signed:
Date:

Please send email to:
Telephone/WhatsApp:

Annexure 3

Home Oxygen Assessment and Order Form

Name of clinic/hospital

<p>1. Patient details: Title: Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/></p> <p>Name</p> <p>NIC Number:</p> <p>Address:</p> <p>DOB:</p> <p>Home: Mobile:</p> <p>Monthly income:</p>	<p>2. Past medical history:</p> <p>Admissions during past 6 months due to exacerbation of current illness:</p> <p>3. Current Medications:</p> <p>Allergies: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Please specify:</p>
<p>4. Potential hazards:</p> <p>Falls history <input type="checkbox"/> BMI <input type="checkbox"/> Mobility concerns <input type="checkbox"/> Memory concerns <input type="checkbox"/></p> <p>Other:</p>	
<p>5. Primary cardio-respiratory diagnosis:</p> <p>Oxygen saturation (on air at rest)</p> <p>Clinical code (refer below):</p>	<p>6. Blood gases (mandatory):</p> <p>Date: On air/oxygen: FiO₂</p> <p>pH pO₂ pCO₂</p> <p>HCO₃ BE</p>

<p>7. Oxygen history: Is the patient receiving domiciliary oxygen therapy?</p> <p>Long term: <input type="checkbox"/> Ambulatory: <input type="checkbox"/> No oxygen therapy: <input type="checkbox"/></p> <p>Please specify:</p>	<p>8. NIV history: Is the patient receiving domiciliary NIV therapy? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Has the patient needed NIV in the past Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please specify dates:</p>
<p>9. Suggested oxygen therapy:</p> <p>Long term oxygen therapy assessment <input type="checkbox"/></p> <p>Ambulatory oxygen assessment <input type="checkbox"/></p> <p>Short burst oxygen therapy <input type="checkbox"/></p> <p>Other:</p>	<p>10. Pulmonary Rehabilitation: Received pulmonary rehabilitation. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Dates:</p>

Assessment requested

11. LTOT Assessment (Perform 2 blood gases on air at least 3 weeks apart. In case of CO2 retainers repeat the ABG after 30 min of oxygen)

Diagnosis correct? Yes ☐ No ☐

Clinically stable in the previous 5 weeks: : Yes ☐ No ☐

Date			
pH			
PCO2			
PO2			
HCO3-			
BE			

12. ABOT Assessment

Does the patient desaturate by 4% to a value < 90% Yes ☐ No ☐

Recommended oxygen L/min

6MWT on air – If no desaturation at the end of 6 min to fulfil the above requirement the patient does not need ABO

Date		
PR - Before		
- After		
SPO2 – Before		
- After		
BP - Before		
- After		
Distance walked		

13. Enrolled for Palliative interventions: Yes <input type="checkbox"/> No <input type="checkbox"/> Dates:	
I confirm the patient fulfils criteria for: 1. LTOT Yes <input type="checkbox"/> No <input type="checkbox"/> 2. ABOT Yes <input type="checkbox"/> No <input type="checkbox"/> 3. SBOT Yes <input type="checkbox"/> No <input type="checkbox"/>	Letter from Grama Niladhari: Yes <input type="checkbox"/> No <input type="checkbox"/>
Withdrawal of Oxygen Therapy: Reason:	

Order		Equipment	Consumables	
Liters/min	Hours / Day	Type	Quantity	Nasal Canulae Mask % and Type
		Static Concentrator		
		Standard Cylinder(s)-Static		
		Transportable Concentrator (trolley based) Can be used in place of a static concentrator and/or for ambulatory use		
		Standard Ambulatory Cylinder(s) Cylinders for use outside of a home setting		

Additional Equipment

14. Humidification (not usually indicated for less than 4l/min). ☐ Yes ☐ No

Urgency of equipment delivery:

15.1 Prior to hospital discharge (pending Grama Niladhari report) ☐ Yes ☐ No

15.2 Outpatient delivery ☐ Yes ☐ No

Follow up visit: Date

Name of prescribing Consultant:		
Signature and Stamp:		Date:
Patient's Next of Kin Information		
Name:*		
Address:		

NIC No*		Telephone no Mobile and land line	
Primary Clinical Code			
CODE	Condition	CODE	Condition
1	Chronic obstructive pulmonary disease (COPD)	11	Neuromuscular disease
2	Pulmonary vascular disease	12	Neurodisability
3	Severe chronic asthma	13	Obstructive sleep apnoea syndrome
4	Interstitial lung disease	14	Chronic heart failure
5	Cystic fibrosis	15	Paediatric interstitial lung disease
6	Bronchiectasis (not cystic fibrosis)	16	Chronic neonatal lung disease
7	Pulmonary malignancy	17	Paediatric cardiac disease
8	Palliative care	18	Cluster headache
9	Non-pulmonary palliative care	19	Other primary respiratory disorder
10	Chest wall disease	20	Other If no other category applicable

ANNEXURE 4

HOME OXYGEN SERVICE FIELD BASED RISK ASSESSMENT REPORT

Patient Name		NIC Number	
Age		Sex	
Patient Address		Occupation	
4.1 To Be completed by Medical Officer – Oxygen Clinic			
	YES	NO	Comments / Observations
1. Are there any language barriers, does the patient/carer understand the safety demonstration?			
2. Does the patient/carer understand and are they able to operate the equipment provided?			
3. Is the patient able to replace the filter autonomously?			
4. Location where equipment to be installed			
5. Is the proposed area for equipment use/store within 3m of open flame 1.5m of electrical appliance, flammable material, paint, oils or grease?			
6. Can equipment be located to allow a maximum of 15m free line without causing obstructions/hazards when in use?			
7. Does the patient need to use stairs in the property			
8. Can the patient safely climb stairs whilst using oxygen?			
9. Does patient / carer smoke?			
Assessor's (MO) Name (Print)			
Assessor's Signature		Date	
4.2 To Be completed by Grama Niladhari			GN Division
	YES	NO	Comments / Observations

1.Does the above-mentioned patient reside at the above address?			
2.Is the patient using a pre-paid electricity meter?			
3.Does patient / carer smoke or is there evidence of smoking in the patient's residence?			
4.Grama Niladhari Other Comments / Concerns / Other Potential Risks			
Assessor's (Grama Niladhari) Name (Print)			
Official Address			
Contact number			
Assessor's Signature			
Official stamp		Date	
4.3 To Be completed by Oxygen User; Patient/Carer			
Oxygen User; Patient/Carer Declaration			
1. I am the patient named above / I am the carer with responsibility for the patient named above.			
2. I have discussed with a health care professional and understand my health and safety responsibilities whilst using home oxygen therapy.			
3. I confirm I am a non-smoker, of both cigarettes / e-cigarettes and cigars and bidi.			
4. I confirm I will inform the Home Oxygen Team of any change to my smoking status.			
5. I confirm I will not allow any other person to smoke in my vicinity whilst I am receiving/wearing oxygen therapy.			
6. I confirm I understand that, if I smoke or use an e-cigarette whilst in receipt of Home Oxygen Therapy, or I am identified as an active smoker during routine assessment, Home Oxygen Therapy will be withdrawn.			

My doctor or a member of my care team has explained the arrangements for supplying Oxygen at my premises, that my personal information will be managed and shared maintaining confidentiality and I understand these arrangements, such that:

1. My doctor or a member of my care team has explained the arrangements for supplying Oxygen at my premises and the risks involved.
2. Information about my condition/condition of the patient named above* will be provided to the Grama Niladhari.
3. The Grama Niladhari will be granted reasonable access to my premises for safety assessment and follow-up visits as needed.
4. Information will be exchanged between my hospital care team, my doctor, the home care team, and other teams (e.g. hospital administration) as necessary related to the provision, usage, and review, of my Oxygen treatment, and safety.
5. I have been given information of the local Fire Rescue Services team to use in case of an emergency.
6. I understand that I may withdraw my consent at any time (at which point my equipment will be removed).

* Delete as applicable

Patient's signature		Date	
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(Signed and witnessed on patient's behalf)

I confirm that I have responsibility for the above-named patient eg. parental responsibility, lasting power of attorney.

Name (Print)			
Relationship to patient			
Signature		Date	

4.4 To Be completed by treating consultant				
	YES	NO	Comments / Observations	
Suitable for Oxygen Prescription				
Consultant's Name (Print)				
Signature and Stamp		Date		

4.2 ග්‍රාම නිලධාරී විසින් සම්පූර්ණ කළ යුතුයි.				ග්‍රා.නි. කොට්ඨාශය:.....
		ඔව්	නැත	අදහස්/නිරීක්ෂණ
මෙම රෝගියා ඉහත සඳහන් ලිපිනයේ පදිංචිකරුවෙක්ද?				
මෙම රෝගියා පෙර ගෙවුම් විදුලි මීටරයක් පාවිච්චි කරන අයෙක්ද?				
රෝගියා / භාරකරු දුම්පානය කරන්නේද?/ නැතහොත් රෝගියාගේ නිවසේ දුම්පානය කෙරෙන බවට සාක්ෂි තිබේද?				
වෙනත් අදහස් / අවධානයට ලක්විය යුතු කරුණු/වෙනත් අවදානම් තත්ත්වයන්				
පරීක්ෂකගේ (ග්‍රාම නිලධාරී) නම				
රාජකාරි ලිපිනය				
දුරකතන අංකය				
පරීක්ෂකගේ අත්සන				
නිල මුද්‍රාව			දිනය	

4.3 ඔක්සිජන් ලබාගන්නා: (රෝගියා/භාරකරු) විසින් සම්පූර්ණ කළ යුතුයි.				
ඔක්සිජන් ලබාගන්නා: (රෝගියා/භාරකරු ගේ) ප්‍රකාශය		ඔව්	නැත	
1. ඉහත නම් සඳහන් රෝගියා මම වෙමි / ඉහත නම් සඳහන් රෝගියාගේ භාරකරු මම වෙමි.				
2. ගෘහස්ථ ඔක්සිජන් ප්‍රතිකාරය භාවිතා කරන අතරතුර මගේ සෞඛ්‍යය සහ ආරක්ෂාව පිළිබඳ වගකීම්, සෞඛ්‍ය සේවා වෘත්තිකයෙකු සමඟ සාකච්ඡා කොට මම අවබෝධ කර ගතිමි.				
3. මම සිගරට් / ඊ-සිගරට්, බීඩ් සහ සුරුවිටු ආදී කවර ආකාරයක හෝ දුම් නොබොන බව තහවුරු කරමි.				
4. දුම්පානය කිරීම සම්බන්ධව මගේ තත්ත්වයෙහි යම් වෙනසක් සිදු වුවහොත් එය මම ගෘහස්ථ ඔක්සිජන් කණ්ඩායමට දැනුම් දෙන බව තහවුරු කරමි.				
5. මා ඔක්සිජන් ප්‍රතිකාරය ලබා ගන්නා අතරතුර මා අවට වෙනත් කිසිම පුද්ගලයෙකුට දුම් පානය කිරීමට ඉඩ නොදෙන බව මම තහවුරු කරමි.				
6. ගෘහස්ථ ඔක්සිජන් ප්‍රතිකාරය ලැබෙන අතරතුර මා දුම්පානය කරන්නේ නම් හෝ ඊ-සිගරට්ටු භාවිතා කරන්නේ නම් හෝ දෛනික පරීක්ෂාවකදී මා ක්‍රියාකාරී දුම් පානය කරන්නෙකු ලෙස හඳුනාගනු ලැබුවහොත් හෝ ගෘහස්ථ ඔක්සිජන් ප්‍රතිකාරය මගෙන් ඉවත් කෙරෙන බවට මා දැනුවත් බව මම තහවුරු කරමි.				

මගේ වෛද්‍යවරයා හෝ මගේ රැකවරණ කණ්ඩායමේ සාමාජිකයෙකු මගේ පරිශ්‍රයට ඔක්සිජන් සැපයීමේ විධිවිධාන පැහැදිලි කර ඇත. මගේ පුද්ගලික තොරතුරු වල රහස්‍යභාවය පවත්වා ගනිමින් එම තොරතුරු පහත සඳහන් විධිවිධාන ප්‍රකාරව කළමනාකරණය හා හුවමාරු කෙරෙන බවට මම දැනුවත් වෙමි, එනම්:

1. මගේ වෛද්‍යවරයා හෝ මගේ රැකවරණ කණ්ඩායමේ සාමාජිකයෙක් මගේ පරිශ්‍රයට ඔක්සිජන් සැපයීමේ විධිවිධාන සහ එහි ඇති අවදානම් පැහැදිලි කර ඇත.
2. මගේ තත්ත්වය/ ඉහත නම් සඳහන් රෝගියාගේ තත්ත්වය* පිළිබඳ තොරතුරු ග්‍රාම නිලධාරී වෙත ලබා දෙනු ඇත.
3. ගෘහස්ථ ඔක්සිජන් ප්‍රතිකාර සැපයීමේ ක්‍රියාවලියේ ආරක්ෂාව තක්සේරු කිරීම සහ පසු විපරම් කිරීම සඳහා ග්‍රාම නිලධාරීවරයාට අවශ්‍ය අවස්ථාවන්හිදී මගේ පරිශ්‍රයට පැමිණීමට අවසර ලැබෙනු ඇත.
4. මගේ ඔක්සිජන් ප්‍රතිකාරය සහ ආරක්ෂාවට අදාළ වූ ප්‍රතිපාදන, භාවිතය සහ සමාලෝචනය සම්බන්ධව අවශ්‍ය පරිදි මගේ රෝහල් සත්කාරක කණ්ඩායම, මගේ වෛද්‍යවරයා, ගෘහස්ථ රැකවරණ කණ්ඩායම සහ අනෙකුත් කණ්ඩායම් (උදා: රෝහල් පරිපාලනය) අතර තොරතුරු හුවමාරු වනු ඇත.
5. හදිසි අවස්ථාවකදී දැනුම්දීමට ප්‍රාදේශීය ගිනි නිවීමේ සේවා කණ්ඩායමේ තොරතුරු මට ලබා දී ඇත.
6. මෙම ප්‍රතිකාර ක්‍රමය සැපයීම සඳහා මා ලබාදී ඇති අවසරය ඕනෑම මොහොතක මාහට ඉවත්කර ගත හැකි බවට මා දැනුවත්ය. (එම අවස්ථාවේදී මගේ ගෘහස්ථ ඔක්සිජන් සැපයීමේ උපකරණය ඉවත් කෙරෙනු ඇත).

* දදාළ පරිදි කපාහරින්න.

රෝගියාගේ අත්සන		දිනය	
(රෝගියා වෙනුවෙන් සාක්ෂියට අත්සන් කරන ලදී.)			
ඉහත නම් සඳහන් රෝගියා සම්බන්ධයෙන් මට වගකීමක් ඇති බව මම තහවුරු කරමි (උදා. දෙමාපියන්ගේ වගකීම, පවරා ඇති ඇටර්නි බලය අනුව)			
නම			
රෝගියාට ඇති සම්බන්ධතාවය			
අත්සන		දිනය	

4.2 கிராம நிர்வாக அலுவலர் மூலம் நிரப்பப்பட வேண்டும்.			கிராம நிர்வாக அலுவலர் பிரிவு
	ஆம்	இல்லை	கருத்துகள் / அவதானிப்புகள்
1.மேலே குறிப்பிடப்பட்ட நோயாளி மேலே உள்ள முகவரியில் வசிக்கிறாரா?			
2.நோயாளி பரீபெய்த மின்சார மீட்டரைப் பயன்படுத்துகிறாரா?			
3.நோயாளி/பராமரிப்பாளர் புகைப்பிடிக்கிறாரா அல்லது நோயாளியின் வீட்டில் புகைபிடித்ததற்கான ஆதாரம் உள்ளதா?			
4.கிராம உத்தியோகத்தரின் மற்ற கருத்துக்கள்/கவலைகள்/மற்ற சாத்தியமான அபாயங்கள்			
மதிப்பீட்டாளர், (கிராம அலுவலர்) பெயர்			
அதிகாரப்பூர்வ முகவரி			
தொடர்பு எண்			
மதிப்பீட்டாளரின் கையொப்பம்			
அதிகாரப்பூர்வ முத்திரை		திகதி	
4.3 ஆக்ஸிஜன் பயனரால் நிரப்பப்பட வேண்டும்: நோயாளி/பராமரிப்பாளர்			
ஆக்ஸிஜன் பயனர்; நோயாளி / பராமரிப்பாளர் அறிவிப்பு	ஆம்	இல்லை	
1.நான் மேலே குறிப்பிடப்பட்ட நோயாளி/மேலே பெயரிடப்பட்ட நோயாளிக்கு நான் பொறுப்பான பராமரிப்பாளர்			
2.நான் ஒரு சுகாதார நிபுணரிடம் கலந்துயாடி வீட்டு ஆக்ஸிஜன் சிகிச்சையைப் பயன்படுத்தும் போது எனது உடல்நலம் மற்றும் பாதுகாப்புப் பொறுப்புகளைப் புரிந்துகொண்டேன்			

3.நான் சிகரெட்/ மின் சிகரெட் மற்றும் சுருட்டு மற்றும் பீடி ஆகிய இரண்டையும் புகைக்காதவன் என்பதை உறுதிப்படுத்துகிறேன்		
4.எனது புகைபிடிக்கும் நிலையில் ஏதேனும் மாற்றம் ஏற்பட்டால் வீட்டில் உள்ள ஆக்ஸிஜன் குழுவிற்கு தெரிவிப்பேன் என்று உறுதியளிக்கிறேன்		
5.நான் ஆக்ஸிஜன் சிகிச்சையைப் பெறும்போது/அணிந்துகொண்டிருக்கும்போது, வேறு யாரையும் என் உயிரோட்டத்தில் புகைபிடிக்க அனுமதிக்க மாட்டேன் என்று உறுதியளிக்கிறேன்.		
6.வீட்டு ஆக்ஸிஜன் சிகிச்சையைப் பெறும்போது நான் புகைபிடித்தால் அல்லது மின் சிகரெட்டைப் பயன்படுத்தினால் அல்லது வழக்கமான மதிப்பீட்டின் போது நான் சுறுசுறுப்பான புகைப்பிடிப்பவராக அடையாளம் காணப்பட்டால், வீட்டு ஆக்ஸிஜன் சிகிச்சை திரும்பப் பெறப்படும் என்பதை நான் புரிந்துகொள்கிறேன் என்பதை உறுதிப்படுத்துகிறேன்.		
<p>எனது மருத்துவர் அல்லது எனது பராமரிப்புக் குழுவின் உறுப்பினர் எனது வளாகத்தில் ஆக்ஸிஜனை வழங்குவதற்கான ஏற்பாடுகளை விளக்கியுள்ளார், எனது தனிப்பட்ட தகவல்கள் நிர்வகிக்கப்பட்டு ரகசியத்தன்மை பேணப்படும் மற்றும் இந்த ஏற்பாடுகளை நான் புரிந்துகொள்கிறேன்:</p> <ol style="list-style-type: none"> 1. எனது மருத்துவர் அல்லது எனது பராமரிப்புக் குழு உறுப்பினர் எனது வளாகத்தில் ஆக்ஸிஜனை வழங்குவதற்கான ஏற்பாடுகள் மற்றும் அதில் உள்ள அபாயங்கள் குறித்து விளக்கியுள்ளார் 2. எனது உடல்நிலை குறித்த தகவல் கிராம சேவையாளருக்கு வழங்கப்பட்டு, வீட்டு ஆக்ஸிஜன் பரிந்துரைப்படி ஆக்ஸிஜன் சிகிச்சையை வழங்க முடியும். 3. பாதுகாப்பு மதிப்பீடு மற்றும் தேவைக்கேற்ப பின்தொடர்தல் வருகைகளுக்காக எனது வளாகத்திற்கு கிராம சேவையாளருக்கு நியாயமான அணுகல் வழங்கப்படும். 4. எனது மருத்துவமனை பராமரிப்பு குழு, எனது மருத்துவர், வீட்டு பராமரிப்பு குழு மற்றும் பிற குழு (எடுத்துக்காட்டு: மருத்துவமனை நிர்வாகம்) ஆகியவற்றுக்கு இடையே எனது ஆக்ஸிஜன் சிகிச்சை மற்றும் பாதுகாப்பை வழங்குதல், பயன்பாடு மற்றும் மதிப்பாய்வு செய்வது தொடர்பான தகவல் பரிமாற்றம் செய்யப்படும். 5. அவசர காலங்களில் பயன்படுத்த உள்ளூர் தீயணைப்பு மீட்பு சேவை குழுவின் தகவல் எனக்கு வழங்கப்பட்டுள்ளது 6. எந்த நேரத்திலும் எனது ஒப்புதலை திரும்பப் பெறலாம் என்பதை நான் புரிந்துகொள்கிறேன் (அந்த சமயத்தில் எனது வீட்டில் உள்ள ஆக்ஸிஜன் சாதனம் அகற்றப்படும்) 		
நோயாளியின் கையொப்பம்		திகதி
(நோயாளிகள் சார்பாக கையொப்பமிட்டு சாட்சியமளித்தார்)		

மேலே பெயரிடப்பட்ட நோயாளிக்கு நான் பொறுப்பு என்பதை உறுதிப்படுத்துகிறேன், உதாரணம் பெற்றோரின் பொறுப்பு , நீடித்த வழக்கறிஞரின் அதிகாரம்			
பெயர்			
நோயாளியுடனான உறவு			
கையொப்பம்		திகதி	

Appendix 5

Agreement for Handing Over the Equipment (home oxygen concentrator)

This agreement is entered by and between the Ministry of Health and Mr/Ms..... bearing ID no.patient and guardian / caregiver Mr/Msbearing ID no.of address and the Secretary, Ministry of Health represented by the Medical Officer in Charge (MOIC) of Chest Clinic (Name/address).....on this date of at Sri Lanka.

Parties agree to the following terms and conditions set forth as follows:

1. Purpose

To provide home oxygen using oxygen concentrators for hypoxic patients with chronic respiratory failure or palliative patients with hypoxia to the patient and or guardian as well as the Care giver where applicable.

2. Scope and Objective

Home oxygen therapy is useful for hypoxic patients, ($SpO_2 < 90-91\%$) either due to chronic respiratory failure or refractory cardiac failure or palliative patients with other life limiting illness such as cancer etc. Providing home-based oxygen as long-term oxygen therapy (LTOT) in Chronic Obstructive Pulmonary Disease has shown to increase survival and improve the quality of life of these patients. Home oxygen is the only therapy (apart from smoking cessation) that reduces mortality. Furthermore, it helps decrease admissions to hospitals for treatment and thereby reduce the cost to the healthcare system.

3. The patient belongs to category number:

1	2	3
---	---	---

Please indicate the category by crossing

The patient categories are marked as follows:

1: Respiratory Category

Long-term oxygen therapy (LTOT)

I. COPD with

- $PaO_2 \leq 55\text{mmHg}$ (7.3kPa)
- PaO_2 55-59mmHg with evidence of polycythaemia, (HCT >55%) clinical cor pulmonale or pulmonary hypertension

II. Other pulmonary conditions with

11. After the patient assessment is done by the respiratory physician of the relevant District chest clinic or palliative care unit identifies the patient. Once the patient is identified, before issuing the oxygen concentrator,
 - a) Medical officer at the clinic conducted by the respiratory physician /oxygen clinic should do a preliminary home safety assessment using the questionnaire (Annexure 4)
 - b) If needed, the assistance of the area Grama Niladari should be obtained for verification if there are safety concerns following the preliminary assessment.
 - c) The oxygen prescription will be issued by the pharmacist attached to the clinic conducted by the respiratory physician /oxygen clinic following a multidisciplinary team discussion (eg: Respiratory Physician, Medical Officer , Physiotherapists Clinic Nursing Officer, Public Health Inspector at chest clinic)
 - d) Prior to issuing the oxygen concentrator, a mode of communication should be established with the patient and / or guardian or caregiver.
12. When recommending and prescribing home oxygen, the health care professional should adhere to the following.
 - a) Details of prescribing should be documented with a referral to the relevant clinic conducted by the respiratory physician/ oxygen clinic by the primary treating consultant.
 - b) Patients who have Shared Care Clinical Record (H-1314) instructions should be written in it. (Shared Care Clinical Record should be issued to the patient at the time of diagnosis of a palliative patient at cancer treatment centre).
 - c) The patient/ guardian and caregiver where applicable should be made aware by the clinic conducted by the respiratory physician / oxygen clinic staff about the nature, benefits and safety issues involved in home oxygen therapy.
 - d) Should document clear instructions for patient/ guardian and caregiver where applicable using oxygen concentrators at home.

14. Monitor the process of using home oxygen concentrator

It shall be the duty of the clinic conducted by the respiratory physician / oxygen clinic to maintain the details of patient and to follow up him/her in the community with the help of the Grama niladhari.

15. Death of a patient

Guardian/Caregiver of the patient should inform and return the oxygen concentrator to the clinic conducted by the respiratory physician/ oxygen clinic. The clinic should establish and keep the communication channel with patient/ guardian and caregiver.

Certificate for Handing Over the Equipment (Oxygen Concentrator)

1. Patient's name:.....
2. Patient's address:.....
3. Gramaniladhari division:.....
4. Guardian's name: Address:
5. Age of the patient:.....
6. Telephone number:..... Mobile phone number :.....
7. Category of the disease:.....
8. Assessed by –Consultant Respiratory Physician's name:
9. Relevant clinic:.....
10. Machine Type :..... Year of
Manufacture:.....
11. Serial Number:

I / We, the above named patient and guardian took over the said machine today and affirm that I / we will use the machine properly complying the guidelines and advices of the clinical staff and / are aware of the consequences for not following the advices.

Taken Over

1.
Patient
2.
Guardian or Caregiver

Handed Over

1.
MOIC
2.
Consultant Respiratory Physician or Pharmacist

Name of the clinic
Date :

ඇමුණුම 5

B කොටස

ඔක්සිජන් සාන්ද්‍රකරණ යන්ත්‍ර භාරදීමේ සහතිකය

1. රෝගියාගේ නම:
2. රෝගියාගේ ලිපිනය:
.....
3. ග්‍රාම නිලධාරී වසම:
4. භාරකරුගේ නම: ලිපිනය:
.....
5. රෝගියාගේ වයස:
6. දුරකථන අංකය: ජංගම දුරකථන අංකය:
7. රෝගී කාණ්ඩය:
8. රෝගියා පරීක්ෂා කළ ශ්වසන රෝග විශේෂඥ වෛද්‍යවරයාගේ නම:
.....
9. අදාළ සායනය:
10. යන්ත්‍රයේ වර්ගය: නිෂ්පාදිත වර්ෂය:
11. කාණ්ඩ අංකය:

මම / අපි, ඉහත නම සඳහන් රෝගියා සහ භාරකරු මෙහි සඳහන් කර ඇති යන්ත්‍රය භාරගත් බවටත්, එම යන්ත්‍රය අදාළ මාර්ගෝපදේශ සහ උපදෙස්වලට අනුකූලව නිසියාකාරව භාවිතාකරන බවටත් සහ අදාළ උපදෙස් පිළිනොපැදීමෙන් සිදුවියහැකි ප්‍රතිවිපාක පිළිබඳව දැනුවත් බවටත් මෙයින් අවධාරණය කර සිටිමි / සිටිමු.

බාරගත් බවට:

1.
රෝගියා

2.
භාරකරු

බාරදුන් බවට:

1.
ස්ථාන භාර වෛද්‍ය නිලධාරී

2.
ශ්වසන රෝග විශේෂඥ වෛද්‍ය හෝ ඖෂධවේදී

සායනයේ නම:

දිනය:

இணைப்பு 5

பகுதி B

உபகரணங்களை ஒப்படைப்பதற்கான ஒப்பந்தம் (ஆக்ஸிஜன் செறிவூட்டி)

1. நோயாளியின் பெயர்:
2. நோயாளியின் முகவரி:
3. கிராம நிர்வாக அலுவலர் பிரிவு:
4. பாதுகாவலரின் பெயர்: முகவரி:
5. நோயாளியின் வயது:
6. தொலைபேசி எண்: கைபேசி எண்:
7. நோயின் வகை:
8. மதிப்பீடு - சுவாச மருத்துவ ஆலோசக நிபுணரின் பெயர்:
9. தொடர்புடைய மருத்துவமனை:
10. இயந்திர வகை: உற்பத்தி செய்த வருடம்:
11. வரிசை/தொடர் எண்:

நான்/நாங்கள், மேலே குறிப்பிடப்பட்ட நோயாளி மற்றும் பாதுகாவலர் இன்று மேற்கூறிய இயந்திரத்தை எடுத்துக் கொண்டோம், மேலும் நான் / நாங்கள் இயந்திரத்தை சரியாகப் பயன்படுத்துவோம் என்பதை உறுதிசெய்கிறோம் மற்றும் / நாங்கள் அறிவுரைகளைப் பின்பற்றாததால் ஏற்படும் விளைவுகளைப் பற்றி அறிந்திருக்கிறோம்.

எடுத்தல்

1.

நோயாளி

2.

பாதுகாவலர்

ஒப்படைத்தல்

1.

பொறுப்பு வைத்திய அதிகாரி

2.

சுவாச மருத்துவ ஆலோசக நிபுணர்

கிளினிக்கின் பெயர்:

திகதி:

Annexure 6

Patient record at the relevant clinic conducted by the respiratory physician /oxygen clinic

1	Registration No.	
2	Date of dispensing the oxygen concentrator	
3	Patients NIC number	
4	Name of the patient	
5	Address	
6	Phone number	
7	Caregiver details: Name: Address: Contact number:	
8	Brief description of the illness	
9	Details of the oxygen concentrator <ul style="list-style-type: none"> • Identification number • Date of pre-assessment • Date of issue • Date of returning 	
10	Date of death of the Patient	
11	Name and contact details of the relevant treatment unit Name of the treating consultant	
12	Remarks if any	

Annexure 7

Quarterly return of home oxygen beneficiary patients (using oxygen concentrators) at the clinic conducted by the respiratory physician /oxygen clinic

1. Quarter (with the year):
2. Name of the clinic:
3. Total number of patients using oxygen concentrators:
4. No. of oxygen concentrators delivered during the quarter:
5. No. of patients who died during the quarter:
6. No. of oxygen concentrators returned during the quarter:

Serial No.	Name of the Patient	Whether using the equipment successfully or not	Whether patient is alive or dead during the quarter	Any other comments

.....
MO at the clinic conducted by the respiratory physician /oxygen clinic

Name:

Date:

.....
Consultant Respiratory physician

Name:

Hospital:

Date:

Patient Information Leaflet

Oxygen treatment is necessary in many illnesses that lead to low oxygen level in the body. If your blood oxygen level is low the vital functions in the body get badly affected. Therefore, Oxygen is prescribed for long term use at home.

The medical team looking after you would explain to you about your disease and why you need oxygen.

If you have any queries, please speak to a doctor or nurse of the medical team looking after you.

Get to know your device:

An oxygen concentrator

- An oxygen concentrator is a medical device that provides you with supplemental oxygen, the amount and duration depending on your medical need.
- An oxygen concentrator works by absorbing the air around you and filtering out the nitrogen, so that you can get the adequate amount of oxygen into your breathing system.
- Oxygen runs through a tubing device from the concentrator to the nasal cannula/ nasal prongs. Some people use face mask.
- There are two types of oxygen concentrators: a bigger one to be used at home and a lighter and smaller portable one to use when you are travelling.
- Oxygen concentrator needs a power supply of electricity.
- It can be used continuously and does not need to be replaced as in cylinders.

Warning symptoms to watch out for and seek medical help

- ❖ If you get morning headaches, morning fuzzy headedness, increased drowsiness in the daytime you need to seek medical help
- ❖ If you have productive cough more than usual or the quantity increases, or you have sudden worsening of breathlessness you need to seek medical help
- ❖ If your machine gets damaged or there are breaks in the mask or tubing, you need to contact the technical team. Plasters or tapes to seal cracks are not advised.

Safety measures

Do's

- ✓ Keep your device at least 3 metres away from any appliances that use an open flame, such as a gas cooker or gas fire or any apparatus producing sparks or apparatus producing radiant heat. Do not use it in the kitchen
- ✓ Keep your device at least 1.5 metres away from other electrical appliances, such as a television, hair dryer or electrical heater
- ✓ Install fire alarms and smoke detectors if you live in an enclosed space or apartment
- ✓ Tripping hazard: The tubing running from the concentrator can pose a tripping hazard, so use adequate length of tubing

Don'ts

- ✗ Do not smoke, or let anyone smoke near you, when using your device – it can cause a fire!
- ✗ Do not use flammable liquids, such as cleaning fluid, paint thinner or aerosols when using

- your device
- × Do not use e-cigarettes or chargers near your device
 - × Do not use oil-based emollients, such as Vaseline, when using your device. Use water-based emollients

Travelling with oxygen

- Always check that your equipment and devices are permitted during your travel (eg. some flights allow only portable oxygen concentrators)
- You may need a verification letter from your doctor about the need to use supplemental oxygen
- You will have to inform the airline about two weeks in advance that you require oxygen during the flight
- Ensure to take the power cables and adaptors for the device and check with your place of stay about provision of continuous electricity.
- Some international destinations may have power outlet configurations that do not match the ones that you are used to. It is always better to check before you go.
- If you are planning to travel long distance by train or bus, always ensure that there is an electrical outlet in your cabin/ near your seat. (Important to remember before making reservations)
- It is suggested to do a fitness to fly test before you engage in air travel, to evaluate whether you can tolerate the low cabin pressure

ඔක්සිජන් ප්‍රතිකාරය සම්බන්ධ තොරතුරු පත්‍රිකාව

ශරීරයේ ඔක්සිජන් ප්‍රතිශතය අඩු වීමට හේතුවන ඇතැම් රෝග තත්ත්ව වලදී ඔක්සිජන් ප්‍රතිකාරය අත්‍යවශ්‍ය වේ. ඔක්සිජන් ප්‍රතිශතය අඩුවීම ඔබගේ සිරුරේ වැදගත්ම ඉන්ද්‍රියයන්ගේ ක්‍රියාකාරිත්වයට ඉතා අහිතකර ලෙස බලපායි. එබැවින්, සිරුරේ ඔක්සිජන් අඩුවන රෝග තත්ත්ව වලදී ප්‍රතිකාරයක් ලෙස ඔබට නිවසේදීම දිගුකාලීනව ඔක්සිජන් ලබාදීමට නියම කෙරෙනු ඇත.

ඔබගේ සත්කාරක වෛද්‍ය කණ්ඩායම ඔබේ රෝග තත්ත්වය හා ඔබට ඔක්සිජන් ප්‍රතිකාරය ලබාදීමේ අවශ්‍යතාවය පිළිබඳව පැහැදිලි කරනු ඇත. ඔබට මේ සම්බන්ධයෙන් යම් ගැටළුවක් වේ නම්, ඔබගේ සත්කාරක වෛද්‍ය කණ්ඩායමේ වෛද්‍යවරයා හෝ හෙදිය හෝ සමඟ සාකච්ඡා කළ හැක.

ඔබට ලබාදෙන ඔක්සිජන් සාන්ද්‍රකරණ උපකරණය පිළිබඳව දැනුවත්වීමට.....

- ඔක්සිජන් සාන්ද්‍රකය යනු ඔබේ සිරුරට අඩුපාඩුව පවතින හිඟ ඔක්සිජන් ප්‍රමාණය බාහිරව ලබා දෙන උපකරණයක් වන අතර, සැපයෙන ඔක්සිජන් ප්‍රමාණය හා ඔක්සිජන් ලබාදෙන කාලසීමාව ඔබගේ රෝග තත්ත්වය මත රඳාපවතී.
- ඔක්සිජන් සාන්ද්‍රකය මගින් ඔබ අවට ඇති වාතයේ අඩංගු ඔක්සිජන් පෙරා වෙන්කර ඔබට හුස්ම ගැනීමට සුදුසු සාන්ද්‍රණයෙන් ලබා දෙයි.
- සාන්ද්‍රක උපකරණයේ සිට සිහින් බටයක් හරහා ඔක්සිජන් වායුව ඔබේ නාස් පුඩු/ නාසික කැනියුලාව දක්වා රැගෙන එනු ලැබේ. සමහර රෝගීන්ට මේ සඳහා මුහුණු ආවරණයක් පැළඳීමද අවශ්‍ය වේ.
- ඔක්සිජන් සාන්ද්‍රක වර්ග දෙකකි. නිවසේදී භාවිතා කරන ලොකු උපකරණයක් සහ ගමන්බිමන් වල යෙදෙන විට පාවිච්චි කළ හැකි කුඩා උපකරණයක්ද වශයෙනි.
- මෙම උපකරණය ක්‍රියාකිරීමට විදුලිය සැපයුමක් අවශ්‍ය වේ.
- මෙය නොකඩවා පාවිච්චි කළ හැකි අතර, ඔක්සිජන් සිලින්ඩර පාවිච්චියේදී මෙන් නැවත පිරවීමක් අවශ්‍ය නොවේ.

ඔක්සිජන් ප්‍රතිකාරය ලබාගන්නා අතරතුර පහත සඳහන් අවස්ථාවන්හිදී ඔබ වෛද්‍ය උපදෙස් පැතිය යුතු වේ.

- 1) ඔබට උදැසන හිසරදයක් හෝ උදැසන හිසේ බරගතියක් දැනේ නම් හෝ දවස පුරා අසාමාන්‍ය නිදිමත ගතියක් දැනේ නම්.
- 2) වෙනදාට වඩා සෙම කැඩීඑන කැස්ස වැඩි නම් හෝ සෙම කැඩීඑන ප්‍රමාණය වැඩිනම් හෝ පවතින හුස්ම ගැනීමේ අපහසුතාවයේ හදිසි වැඩිවීමක් සිදුවේ නම්.
- 3) ඔක්සිජන් සාන්ද්‍රකරණ උපකරණයට හෝ එහි බට වලට හෝ මුහුණු ආවරණයට හෝ යම් හානියක් සිදුවූ විට. (චේස් හෝ ජ්ලාස්ටර් මගින් කඩතොළු වූ ස්ථාන ආවරණය කොට සිල් කිරීම නොකළ යුතුය.)

ඔක්සිජන් සාන්ද්‍රකරණ උපකරණය භාවිතයේදී ඔබ පිළිපැදිය යුතු ආරක්ෂාකාරී පියවර

කළයුතු දෑ

1. විදුලි සහ ගෑස් උදුන් වැනි ඇවිලෙන ගිත්දර සහිත උපකරණ වලින්ද, ගිනිපුළිඟු නිකුත් කරන හෝ සංවහන තාපධාරා නිකුත්කරන හෝ උපකරණ වලින්ද අවම වශයෙන් මීටර 3ක් වත් ඇතිත් ඔක්සිජන් සාන්ද්‍රක උපකරණය රැඳවිය කළ යුතුය. මුද්‍රාතැන්ගෙය තුළ භාවිතා නොකළ යුතුය.

2. රූපවාහිනී යන්ත්‍ර, කොණ්ඩය වෙලන යන්ත්‍ර, විදුලි හීටර වැනි විදුලි උපකරණ වලින් මීටර 1.5ක් වත් ඇතිත් රඳවා භාවිතා කළ යුතුය.
3. ඔබ සංචාන ස්ථානයක හෝ මහල් නිවසක වාසය කරන්නේ නම් ගිනිඇවිලීම් පිළිබඳ අනතුරු හඟවන / දුම් හටගැනීම් අනාවරක උපකරණ පද්ධතියක් සවිකර ගැනීම සුදුසුවේ,
4. ඔක්සිජන් බටයේ පැටලී වැටීමට ඇති හැකියාව අවම කිරීම සඳහා බටය ප්‍රමාණවත් දිගකින් යුක්තව සකසා ගත යුතුය.

නොකළ යුතු දෑ

1. ඔබ මෙය පාවිච්චි කරන අතරතුරේදී ගිනිගැනීමේ අවදාණනමක් ඇතිවීම වලක්වාලීමට ඔබ හෝ ඔබ සමීපයේ සිටින අය හෝ කිසිසේත්ම දුම් පානය නොකළ යුතුය.
2. මෙය භාවිතාකරන අවස්ථාවන්හිදී ජේන්ට් තිනර්, සේදීම් කාරක හෝ වාෂ්පශීලී ද්‍රව වැනි ගිනිගන්නාසුළු ද්‍රාවණ සමඟ කටයුතු කිරීම ගිනිගැනීමකට හේතුවිය හැකි බැවින් එවැනි දේ නොකළ යුතුය.
3. මෙම උපකරණය සමීපයේ වාර්ජස් හෝ ඊ-සිගරට් ආදී ඉලෙක්ට්‍රොනික උපකරණ භාවිතා නොකළ යුතුය.
4. මෙය භාවිතා කරන අවස්ථාවලදී වැස්ලින් වැනි තෙල් සහිත ආලේපන සිරුරේ ආලේප නොකළ යුතු අතර ඒ වෙනුවට ජලයේ දියවෙන ආලේපන භාවිතා කිරීම සුදුසු වේ.

ඔක්සිජන් සාන්ද්‍රක උපකරණය භාවිතා කරන අතරතුර ගමන් බිමන් වල යෙදීම

- 1) ඔක්සිජන් සාන්ද්‍රක උපකරණය පාවිච්චි කරමින් සංචාරයේ යෙදිය යුතු විටකදී, මෙම උපකරණය එසේ රැගෙනයාම සඳහා අවසර ඇත්දැයි කලින් සොයා බලන්න. (උදා: සමහර ගුවන් යානා වල පාවිච්චි කිරීමට අවසර ඇත්තේ අනේ ගෙනයා හැකි [Portable] උපකරණ පමණි)
- 2) ගුවන් ගමන්වල යෙදෙන අතරතුරදී ඔබට මෙම උපකරණය භාවිතා කිරීමේ අවශ්‍යතාවය තහවුරු කිරීම සඳහා සහතිකයක් ඔබගේ වෛද්‍යවරයාගෙන් ලබාගෙන අදාල අංශ වෙත යොමුකිරීමටද සමහරවිට අවශ්‍ය විය හැක.
- 3) ඔබට ගුවන් ගමන අතරතුරදී මෙම උපකරණය භාවිතා කිරීමට අවශ්‍යනම් සති දෙකකටවත් කලින් ඒ පිළිබඳව අදාල ගුවන් සමාගම දැනුවත් කළ යුතුය.
- 4) අදාල විදුලි කේබල, ඇඬප්ටර් ආදිය මෙම උපකරණය සමඟ රැගෙන යා යුතු අතර ඔබ නවාතැන් ගන්නා ස්ථානයේ අඛණ්ඩ විදුලි සැපයුමක් තිබේද යන්න පිළිබඳව පෙර සොයාබැලීමක් හා සුදානම්වීමක් අවශ්‍ය වේ.
- 5) විවිධ රටවල විදුලි සම්බන්ධක වල වින්‍යාසය (ජේෂ්‍ර සැකසුම, චෝල්ටීයතාවය ආදිය) වෙනස්විය හැකි බැවින් ඔබේ ගමනාන්තයේදී ඔබේ උපකරණය භාවිතයට එම සැකසුම් ගැලපේද හා සුදුසුද යන්නත් කල්වේලා ඇතිව දැනගැනීම කල යුතුය.
- 6) ඔබ බස් රියකින් හෝ දුම්රියකින් හෝ දීර්ඝ ගමනක යෙදෙන්නේ නම් ඔබගේ මැදිරියේ/ ආසනය අසල විදුලි සැපයුම් සම්බන්ධතාවන් ඇත්දැයි අදාල අංශ වලින් කලින්ම විමසා තහවුරු කරගත යුතුය
- 7) ඔබ ගුවන් ගමනක යෙදීමට අදහස් කරන්නේ නම් ගුවන් යානාව තුළ පවතින අඩු පීඩන තත්ත්වයන් දරාගතහැකි මට්ටමේ සෞඛ්‍ය තත්ත්වයක පසුවේදැයි සුදුසුකම්ලත් වෛද්‍යවරයෙකුගෙන් පියාසැරිය සඳහා යෝග්‍යතාවය තහවුරු කරගැනීමේ සහතිකයක් ලබාගත යුතුය.

ஆக்ஸிஜன் செறிவு சாதனம்

- ஆக்ஸிஜன் கான்சென்ட்ரேட்டர் என்பது ஒரு மருத்துவ சாதனமாகும், இது உங்கள் மருத்துவத்தேவையைப் பொறுத்து, அளவு மற்றும் கால அளவிற்கு ஏற்ப கூடுதல்/துணை ஆக்ஸிஜனை வழங்குகிறது.
- ஒரு ஆக்ஸிஜன் செறிவூட்டி உங்களைச் சுற்றியுள்ள காற்றை உறிஞ்சி நைட்ரஜனை வடிகட்டுவதன் மூலம் செயல்படுகிறது, இதனால் உங்கள் சுவாச அமைப்பில் போதுமான அளவு ஆக்ஸிஜனை நீங்கள் பெறலாம்.
- ஆக்ஸிஜன் ஒரு குழாய் சாதனத்தின் மூலம் செறிவூட்டியிலிருந்து நாசி கேனூலா(nasal canula) /நாசி முனைகள் (nasal prongs) வரை செல்கிறது. சிலர் முகமூடியைப் பயன்படுத்துகிறார்கள்
- இரண்டு வகையான ஆக்ஸிஜன் செறிவூட்டிகள் உள்ளன: வீட்டில் பயன்படுத்தக்கூடிய பெரியது மற்றும் நீங்கள் பயணம் செய்யும் போது பயன்படுத்துவதற்கு இலகுவான மற்றும் சிறியது.
- ஆக்ஸிஜன் செறிவூட்டிக்கு மின்சாரம் தேவை.
- இது தொடர்ந்து பயன்படுத்தப்படலாம் மற்றும் சிலிண்டர்களில் உள்ளது போல் மாற்ற வேண்டிய அவசியமில்லை

கவனிக்கவும் மருத்துவ உதவியை நாடவும் எச்சரிக்கை அறிகுறிகள்:

- ❖ உங்களுக்கு காலையில் தலைவலி, காலையில் தெளிவற்ற தலைச்சுற்றல், பகலில் தூக்கம் அதிகரித்தால் மருத்துவ உதவியை நாட வேண்டும்.
- ❖ உங்களுக்கு வழக்கத்தை விட அதிகமாக இருமல் இருந்தால் அல்லது அளவு அதிகரித்தால் அல்லது திடீரென மூச்சுத் திணறல் ஏற்பட்டால் மருத்துவ உதவியை நாட வேண்டும்.
- ❖ உங்கள் இயந்திரம் சேதமடைந்தாலோ அல்லது முகமூடி அல்லது குழாய்களில் உடைப்பு ஏற்பட்டாலோ, நீங்கள் தொழில்நுட்பக் குழுவைத் தொடர்பு கொள்ள வேண்டும். விரிசல்களை மூடுவதற்கு பிளாஸ்டர்கள் அல்லது நாடாக்கள் பரிந்துரைக்கப்படவில்லை.

பாதுகாப்பு நடவடிக்கைகள்

செய்ய வேண்டியவை

- கேஸ் குக்கர் (gas cooker) அல்லது கேஸ் ஃபயர் (gas fire) அல்லது தீப்பொறிகளை உருவாக்கும் எந்திரம் அல்லது கதிரியக்க வெப்பத்தை உருவாக்கும் கருவி போன்ற திறந்த கூரைப் பயன்படுத்தும் எந்தவொரு சாதனத்திலிருந்தும் உங்கள் சாதனத்தை குறைந்தபட்சம் 3 மீட்டர் தொலைவில் வைத்திருங்கள். சமையலறையில் பயன்படுத்த வேண்டாம்.
- தொலைக்காட்சி (television), ஹேர் ட்ரையர்(hair dryer) அல்லது எலெக்ட்ரிக்கல் ஹீட்டர்(electrical heater) போன்ற பிற மின் சாதனங்களிலிருந்து உங்கள் சாதனத்தை குறைந்தபட்சம் 1.5 மீட்டர் தொலைவில் வைத்திருங்கள்.
- நீங்கள் மூடப்பட்ட இடம் அல்லது அடுக்குமாடி குடியிருப்பில் வசிக்கிறீர்கள் என்றால் தீ அலாரங்கள் மற்றும் புகை கண்டறியும் கருவிகளை நிறுவவும்
- டிரிப்பிங் ஆபத்து: செறிவூட்டியில் இருந்து இயங்கும் குழாய்கள் டிரிப்பிங் ஆபத்தை ஏற்படுத்தலாம், எனவே போதுமான நீளமான குழாய்களைப் பயன்படுத்தவும்

செய்யக்கூடாதவை

- உங்கள் சாதனத்தைப் பயன்படுத்தும் போது புகைபிடிக்காதீர்கள் அல்லது உங்களுக்கு அருகில் யாரையும் புகைபிடிக்க அனுமதிக்காதீர்கள் - அது தீயை உண்டாக்கும்!
- உங்கள் சாதனத்தைப் பயன்படுத்தும் போது துப்புரவு திரவம், பெயிண்ட் மெல்லிய அல்லது ஏரோசல்கள் போன்ற எரியக்கூடிய திரவங்களைப் பயன்படுத்த வேண்டாம்
- உங்கள் சாதனத்திற்கு அருகில் மின் சிகரெட் அல்லது சார்ஜர்களைப் பயன்படுத்த வேண்டாம்
- உங்கள் சாதனத்தைப் பயன்படுத்தும் போது வாஸலைன் போன்ற எண்ணெய் அடிப்படையிலான மென்மையாக்கல்களைப் பயன்படுத்த வேண்டாம். நீர் சார்ந்த மென்மையாக்கல்களைப் பயன்படுத்தவும்

ஆக்ஸிஜனுடன் பயணம்

- உங்கள் பயணத்தின் போது உங்கள் உபகரணங்கள் மற்றும் சாதனங்கள் அனுமதிக்கப்படுகின்றனவா என்பதை எப்போதும் சரிபார்க்கவும் (உதாரணம்: சில விமானங்கள் கையடக்க ஆக்ஸிஜன் செறிவுகளை மட்டுமே அனுமதிக்கின்றன)
- கூடுதல் ஆக்ஸிஜனைப் பயன்படுத்த வேண்டியதன் அவசியத்தைப் பற்றி உங்கள் மருத்துவரின் சரிபார்ப்புக் கடிதம் உங்களுக்குத் தேவைப்படலாம்
- விமானத்தின் போது உங்களுக்கு ஆக்ஸிஜன் தேவை என்பதை விமான நிறுவனத்திற்கு இரண்டு வாரங்களுக்கு முன்பே தெரிவிக்க வேண்டும்
- சாதனத்திற்கான மின் கேபிள்கள் மற்றும் அடாப்டர்களை எடுத்துச் செல்வதை உறுதிசெய்து, தொடர்ந்து மின்சாரம் வழங்குவதைப் பற்றி நீங்கள் தங்கியிருக்கும் இடத்தைச் சரிபார்க்கவும்.
- சில சர்வதேச இடங்களுக்கு நீங்கள் பழகியவற்றுடன் பொருந்தாத பவர் அவுட்லெட் உள்ளமைவுகள் இருக்கலாம். நீங்கள் செல்வதற்கு முன் எப்போதும் சரிபார்ப்பது நல்லது.
- நீங்கள் ரயில் அல்லது பேருந்தில் நீண்ட தூரம் பயணிக்கத் திட்டமிட்டால், உங்கள் கேபினில்/ உங்கள் இருக்கைக்கு அருகில் ஒரு மின் அவுட்லெட் இருப்பதை எப்போதும் உறுதிப்படுத்திக் கொள்ளுங்கள். (முன்பதிவு செய்வதற்கு முன் நினைவில் கொள்வது முக்கியம்)
- நீங்கள் விமானப் பயணத்தில் ஈடுபடும் முன், குறைந்த கேபின் அழுத்தத்தை உங்களால் பொறுத்துக் கொள்ள முடியுமா என்பதை மதிப்பிடுவதற்கு, விமானப் பயணத்திற்கான உடற்குதி பரிசோதனையை மேற்கொள்ள பரிந்துரைக்கப்படுகிறது.