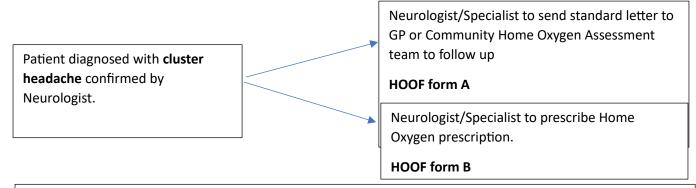


# Home Oxygen Pathway: High flow oxygen for the acute management of cluster headaches

In the absence of hypoxia, only cluster headaches should be managed with high oxygen flow. For patients who have tried first-line treatments and lifestyle changes without success, short burst high flow oxygen should be considered following a definitive diagnosis of cluster headache.



Home oxygen should be prescribed using the online portal of the home oxygen service provider. The National Institute for Health and Care Excellence (NICE) issued Clinical Guideline 150 in 2016 for the diagnosis and treatment of cluster headaches.

**Typical flow rate:** 100% oxygen at a flow rate of 12–15 L/min via a non-rebreathing face mask for 15 to 20 minutes is recommended https://cks.nice.org.uk/topics/headache-cluster/.

A demand valve breathing apparatus may also be prescribed as appropriate.

**Typical modalities required:** Home Oxygen supplies should be in one of 2 formats.

### Immobile patients:

Two free-standing static cylinders for use at home so patients can easily switch to the second cylinder when the first cylinder is empty and order a replacement. Typically, each cylinder can treat between 8-30 attacks.

#### Mobile patients:

Two free-standing static cylinders with up to 4 standard ambulatory cylinders (with a carry bag and trolley).

Ambulatory cylinders are much smaller in size than static cylinders, so only contain enough oxygen to treat a small number of attacks.

\*\*\* Ideally, ambulatory cylinders with a trolley should be prescribed and not the lightweight cylinders.

\*\*\*Static and portable oxygen concentrators are not expected to be prescribed for cluster headaches.



## Clinical management and reviews

The HOS-AR service in collaboration with the referring clinician should review patients annually to ensure that oxygen therapy remains appropriate. The HOS-AR service should also undertake routine safety checks with patients. Safeguarding issues should be escalated and dealt with appropriately.

Furthermore, if there is a consistent underuse of oxygen by a patient over a 2-year period, the HOS-AR service should initiate an automatic review to explore the possibility of discontinuing oxygen therapy.

Finally, the general guidance for patients is that if there is no relief of symptoms with oxygen therapy within 15 minutes, they should cease using it and move to an alternative treatment for that cluster headache bout/ attack. However, if an attack is successfully treated, the patient should be advised to stay on oxygen for up to 10 minutes after the pain has ceased to prevent a possible rebound.

### Oxygen therapy removal:

Health care professionals who initiate home oxygen therapy are responsible for discontinuing it when it is no longer clinically appropriate.

#### **Useful links**

- NICE guidelines CG150
   https://www.n ice.org.uk/guidance/cg150/resources/surveillance-report-2016-headaches-in-over-12s-diagnosis-and-management-2012-nice-guideline-cg150-pdf-3526630887157
- <u>PrescQIPP</u>
  <a href="https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f3266%2foxygen-in-cluster-headaches.pdf">https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f3266%2foxygen-in-cluster-headaches.pdf</a>
- NHS England https://www.england.nhs.uk/coronavirus/documents/good-hoof-guide-for-primary-care-and-out-of-hours-teams-november-2020/



# Glossary:

Cluster: A painful attack, of up to 8 times per day

Cluster cycle: Lasts for weeks or months, with remission periods.

Cluster headache bout: These are severe attacks of pain that can last for long periods.

**Demand valve breathing apparatus:** These plug into the side of both the large static cylinders and the portable standard cylinders.

**HOS-AR:** Home Oxygen Service Assessment & Review team

**HOOF**: Home Oxygen Order Form HOOF

Non-rebreathing mask assists in the delivery of oxygen therapy.

Static cylinder (B10) - holds 2122 litres of oxygen.

Title	Home Oxygen Pathway for the aute management of cluster headaches.		
Description of policy	To inform healthcare professionals		
Scope	NHS Norfolk & Waveney Integrated Care System		
Prepared by	Medicines Optimisation team in collaboration with the ICS Home oxygen policy development group.		
Evidence base / Legislation	Level of Evidence:  A. based on national research-based evidence and is considered best evidence  B. mix of national and local consensus  C. based on local good practice and consensus in the absence of national research based information.  NICE guidelines C150 (2016)  NHS London, Clinical Network, 2021  Baywater Healthcare  British Oxygen Company  NHS England		
Dissemination	Is there any reason why any part of this document should not be available on the public website? ☐ Yes / No ☒		
Approved by	Head of Clinical Experience & Delivery		
Authorised by	Prescribing Formulary Group and TAG – Dec 2024		
Review date and by whom	Medicines Optimisation Team – Nov 2026		



Date of issue	Dec 2024

## **Version Control**

Version	Date	Author	Status	Comment
1.0	Nov 2024	KB – MO team NWICB	Final	New document. Supported by PFG and TAG