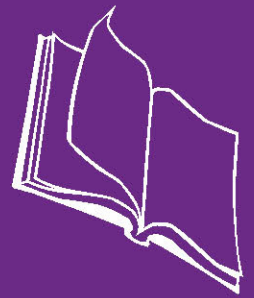


**The  
Emily  
Center**



# Using Oxygen at Home

# Contents

3	Important information
3	Who to call for help
5	The respiratory system
6	How to look at breathing problems
8	What is oxygen?
9	Supplies and equipment
13	To move the regulator from one portable tank to another
17	Costs
17	Where to keep the oxygen
18	How to put on the nasal cannula
19	Skin care
20	If your child pulls the cannula off
20	How to give oxygen through an oxygen mask
20	Safety
20	Fire safety
23	Check your oxygen system often
23	Use your oxygen system safely
26	Nasal cannulas
26	Humidifier bottle
27	Getting out of the house
27	Before you travel overnight or far away:
28	Pack
28	Travel by car, van or truck
28	Travel by bus or train
28	Travel by ship
29	Travel by plane
31	Some questions parents ask about oxygen
32	Now that you've read this

# Important information

Your child's prescribed oxygen flow is \_\_\_\_\_

Do not give your child less oxygen than the doctor ordered. You can hurt your child by turning the oxygen down without orders from the doctor.

You child's oxygen is worn \_\_\_\_\_

It should be \_\_\_\_\_

There may be times when your child needs more oxygen. Some children need more oxygen when they eat, play, or have a cold.

You may turn up the oxygen flow to \_\_\_\_\_

If your child needs a higher amount of oxygen for at least 24 hours, tell your child's doctor.



## Who to call for help

Your Child's Primary Doctor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Your Child's Pulmonary Doctor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Your Child's Cardiac Doctor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Your Home Health Care Nurse: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Your Oxygen Supplier: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Your Home Health Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Hospital Emergency Room: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fire Department: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Electric Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

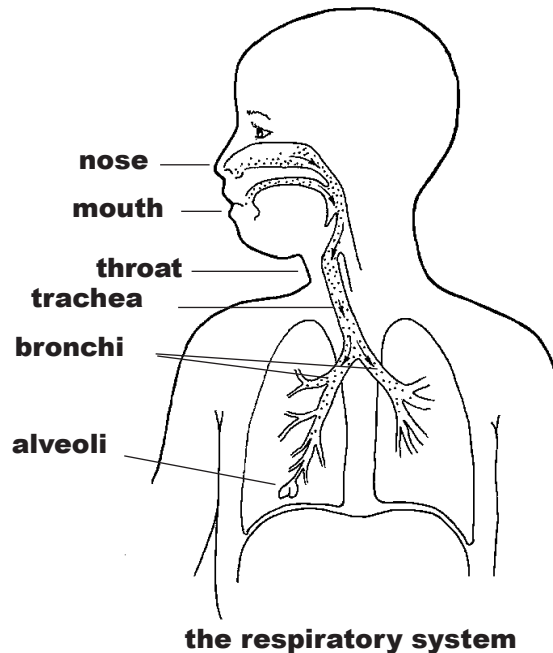
Ambulance: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

If you want to know more about child health and illness,  
visit our library at The Emily Center at Phoenix Children's Hospital  
1919 East Thomas Road  
Phoenix, AZ 85016  
602-546-1400  
866-933-6459  
[www.phoenixchildrens.com](http://www.phoenixchildrens.com)[www.phoenixchildrenshospital.com](http://www.phoenixchildrenshospital.com)

# The respiratory system

The upper and lower respiratory tracts together make the respiratory system.



The upper respiratory tract wets and filters the air we breathe. It includes the:

- mouth
- nose
- throat

The lower respiratory tract is where oxygen is taken from the air we breathe in and puts it into the blood. It also takes carbon dioxide out of the body. This is called gas exchange. The lower respiratory tract includes the:

- trachea
- bronchi
- alveoli

# How to look at breathing problems

In the hospital, you will learn how to tell if your baby is breathing comfortably. Know your baby's normal breathing pattern, or **baseline**. This way you can tell when there are breathing changes.

You can tell if your child has breathing problems by looking at:

## ✓ Skin color

The area around the eyes, lips and nail beds should be pink. If your child's lips, eyes or fingernails are pale, white, gray or blue, your child is not getting enough oxygen.

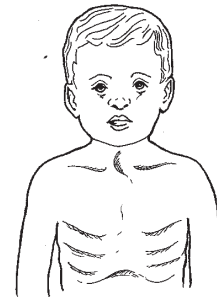
## ✓ Breathing rate

Count how many times your child breathes each minute. This is called the **respiratory rate**. Some children breathe faster than others. A child who is breathing too fast is working harder to get air.

My child's baseline resting breathing rate is: \_\_\_\_\_ times per minute.

## ✓ Retractions

Retractions are when the skin between the ribs sucks in when your child breathes. This happens when the child works hard to breathe. When children have trouble breathing, their retractions may suck in deeper.



**Retractions are when the skin between the ribs sucks in when your child breathes.**

## ✓ Wheezing

Some children with breathing problems wheeze sometimes. Wheezing may be caused by bronchospasm or too much fluid in the lungs. If your child's wheezing is louder or lasts longer than usual, your child has more trouble breathing.

## ✓ Nasal flaring

If your child's nostrils flare open when he or she breathes in, your child is having trouble breathing.

✓ **Mucus**

Mucus from the nose and mouth is usually thin and clear. When the mucus changes in color from clear to yellow, gray or green or there is much more mucus than usual, your child may be getting an infection. Extra mucus makes it harder for your child to breathe.

✓ **Trouble eating**

A child who is not getting enough oxygen may have trouble eating. If your child is not getting enough oxygen, he or she may:

- have trouble sucking and swallowing
- choke a lot
- be less hungry than usual
- vomit more
- be irritable during feedings.

✓ **Mood changes**

A child who is not getting enough oxygen may be more tired, cranky, and listless than usual. You may have a lot of trouble waking him or her up.

At baseline, your child may have more than one of these signs. If your child's respiratory distress gets worse, your child will have more signs or worse signs.

# What is oxygen?

The air we breathe is made up of 21% oxygen. To live, people need to take oxygen out of the air into their bodies. Oxygen has no smell, color or taste. The body is always using oxygen. The body must always take in oxygen. Bodies can't store extra oxygen to use later.

Normally, there is enough oxygen in the air to meet the body's needs. Some children have problems taking oxygen out of the air into their bodies. They don't get all the oxygen their bodies need, so they need extra oxygen. Oxygen gives the muscles fuel so your child can be more active and feel less tired. When extra oxygen is given, your child's heart doesn't have to work so hard to get enough oxygen from the air.

Oxygen is a drug. A doctor has to write a prescription for it. The prescription tells how much oxygen your child needs.

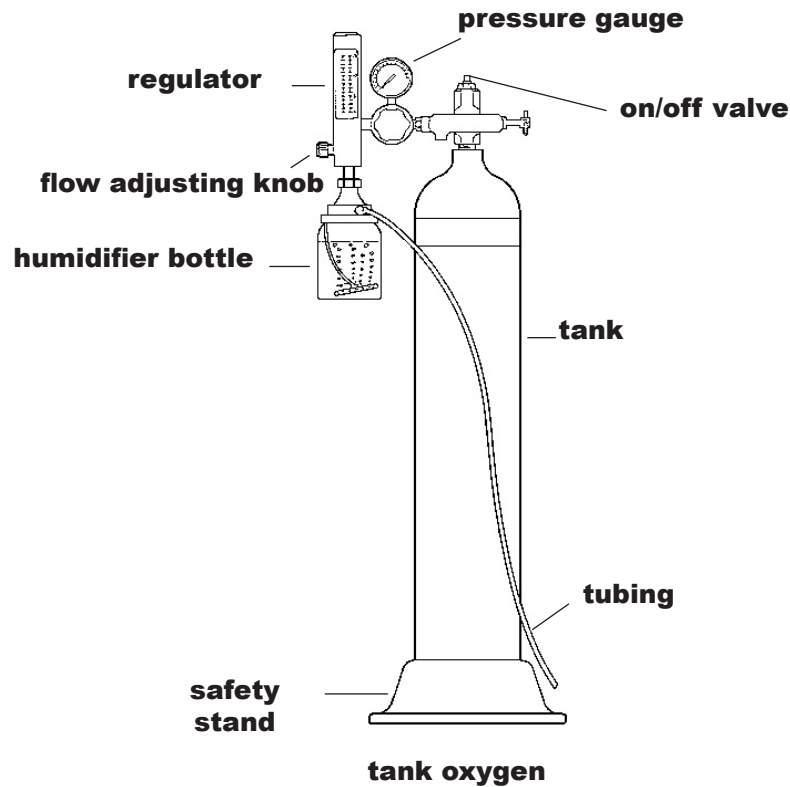
Your baby's doctor will tell you when your baby needs oxygen. A doctor needs to see your child often, to make sure your child is getting enough, but not too much, oxygen.

There may be times when it is best to increase your baby's oxygen, such as:

- ✓ When your baby is very pale or skin is a blue gray color (cyanotic)
- ✓ During times of crying
- ✓ When your baby has trouble breathing
- ✓ During feedings
- ✓ During chest physiotherapy (CPT)

# Supplies and equipment

The oxygen company will bring your oxygen in two containers, one that stays in the house and one you can carry with you when you go out with your child.



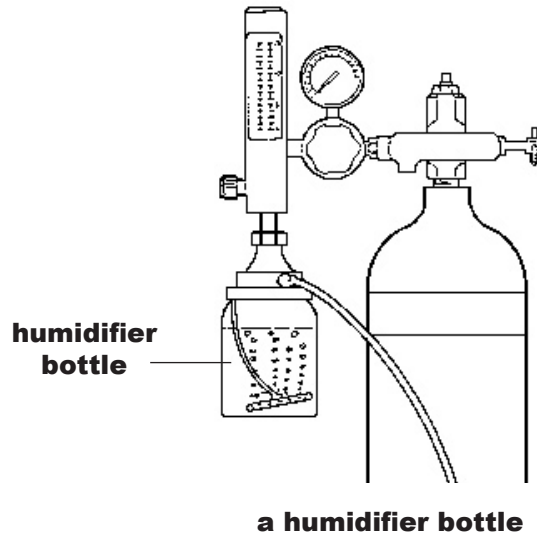
There are three types of home oxygen supply systems we use with babies and children:

1. tank oxygen, also called compressed gas oxygen or cylinder oxygen
2. liquid oxygen
3. an oxygen concentrator

The type of home oxygen your child uses will depend on many things, including:

- how much oxygen your child needs.
- who is paying for the oxygen
- where you live (in a city or out in the country)

Many oxygen systems have a **humidifier bottle**, which mixes a little a mist of distilled water with the oxygen. Your home system may have a humidifier bottle, but your portable system may not.



yes    no **Tank Oxygen**

**Tank oxygen** is stored as a gas under high pressure in a metal tank. This large oxygen tank stays in the house.

**pressure gauge:** shows how much oxygen is left in the tank in pounds per square inch (psi)

**flow adjusting knob:** lets you give more or less oxygen. It shows how many liters of oxygen will be released by the tank in each minute (liters per minute or LPM).

**tank:** stores the oxygen under high pressure.

**tubing:** carries oxygen to your child.

**on/off valve:** starts and stops the oxygen flow

**humidifier bottle:** mixes a mist of distilled water with the oxygen

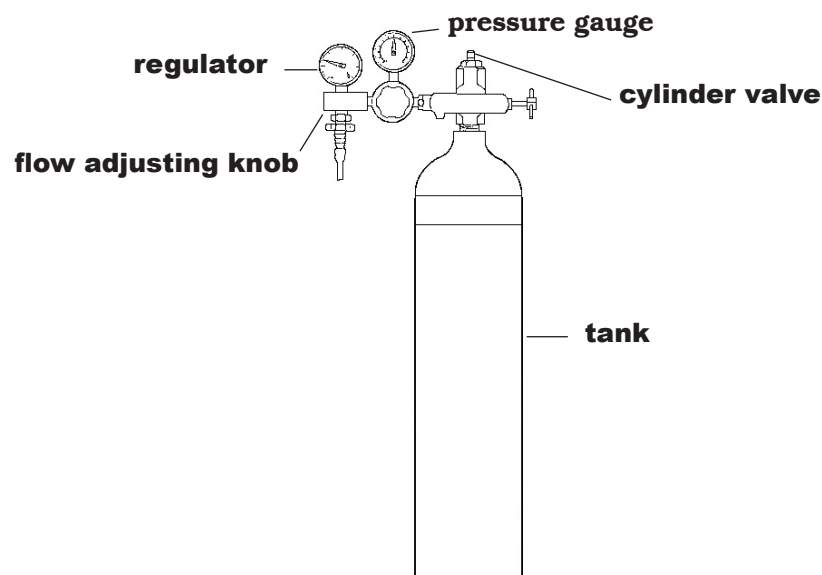
**safety stand:** keeps the tank standing up

**regulator, gauge or flow meter:** controls how much oxygen your child is getting

There are two types of regulators that can be used on tank oxygen:

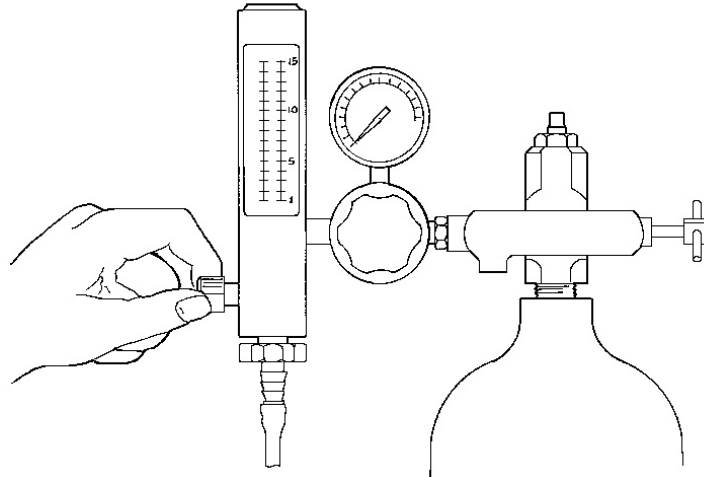
yes    no dial regulators       yes    no ball regulators

This tank has a **ball regulator**. When oxygen flows through the regulator, the



ball inside goes up. The line that goes through the middle of the ball tells you how fast the oxygen is flowing. Keep your eyes on the same level as the ball when you read the flow.

Keep this tank standing up in the safety stand.



**This portable oxygen tank has a dial regulator.**

yes    no **Portable tank oxygen**

**Portable tank oxygen** lets your child leave the house with oxygen. They come with a wheeled cart or a shoulder carrier. You may also be able to get a backpack carrier from your home oxygen supplier, if you want to pay extra.

**regulator, gauge or flow meter:** controls how much oxygen your child is getting.

There are two types of regulators that can be used on portable tank oxygen:

yes    no dial regulators       yes    no ball regulators

This portable oxygen tank has a dial regulator.

**pressure gauge:** shows how much oxygen is left in the tank in pounds per square inch (psi)

**flow adjusting knob:** lets you give more or less oxygen. It shows how many liters of oxygen will be released by the tank in each minute (liters per minute or LPM).

**cylinder valve:** starts and stops the oxygen flow. Cylinder valve is the name for the on/off valve on portable tank oxygen.

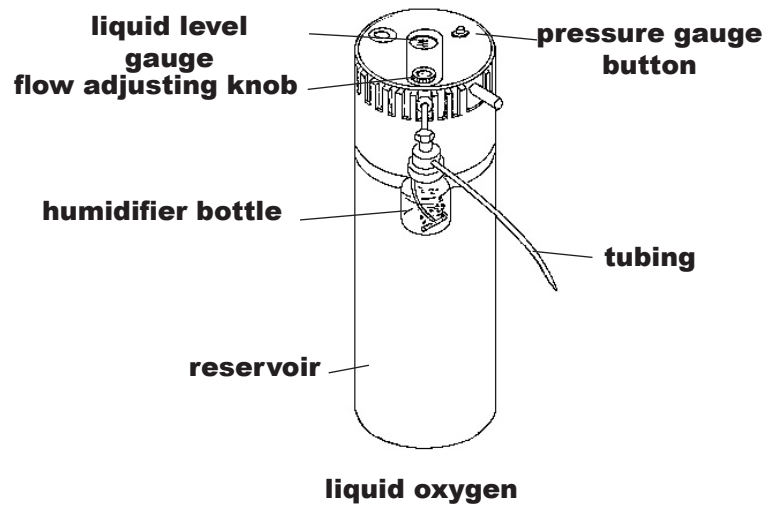
**tank:** stores the oxygen under high pressure.

**tubing:** carries oxygen to your child.

# **To move the regulator from one portable tank to another**

1. Stand to the side of the tank. Do not stand over it.
2. Turn the cylinder valve off.
3. Unscrew the regulator to take it off. Take the band off the cylinder valve.
4. Use a new washer, and screw the regulator on the new tank.
5. Turn on the cylinder valve of the new tank.

yes    no **Liquid oxygen**



Oxygen, like other gasses, turns into a liquid when it is very cold. **Liquid oxygen systems** store oxygen at more than 200 degrees below zero. When you turn on a liquid oxygen system:

1. the liquid oxygen runs through coils
2. the coils warm the liquid to room temperature, and
3. the liquid oxygen becomes a gas that your child can breathe.

**reservoir:** stores liquid oxygen; like a large thermos bottle  
**liquid level gauge:** shows how much oxygen is left in the reservoir

**pressure gauge button:** turns on the liquid level gauge

**tubing:** carries oxygen to the child.

**humidifier bottle:** mixes a mist of distilled water with the oxygen

**flow adjusting knob:** lets you give more or less oxygen. It shows how many liters of oxygen will be released by the tank in each minute (liters per minute or LPM).

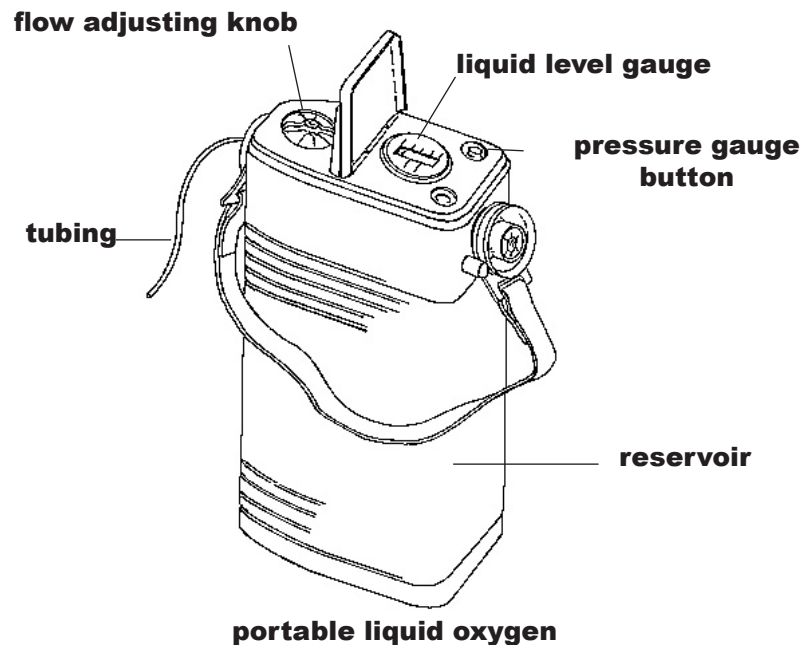
Liquid oxygen systems can store twice as much oxygen as tanks in the same space.

Keep the reservoir of liquid oxygen systems upright, or the oxygen will leak out.

Keep liquid oxygen systems in open spaces that have good air flow (well ventilated).

yes    no **Portable liquid oxygen**

**Portable liquid oxygen** systems let your child go outside with oxygen. You can refill the reservoir on the portable liquid oxygen system from the larger reservoir at home. Tell your oxygen supplier your child's liter flow, and he or she will tell you how long the portable oxygen system will go before it runs out. You may also be able to get a backpack carrier from your home oxygen supplier, if you want to pay extra.



**reservoir:** stores liquid oxygen

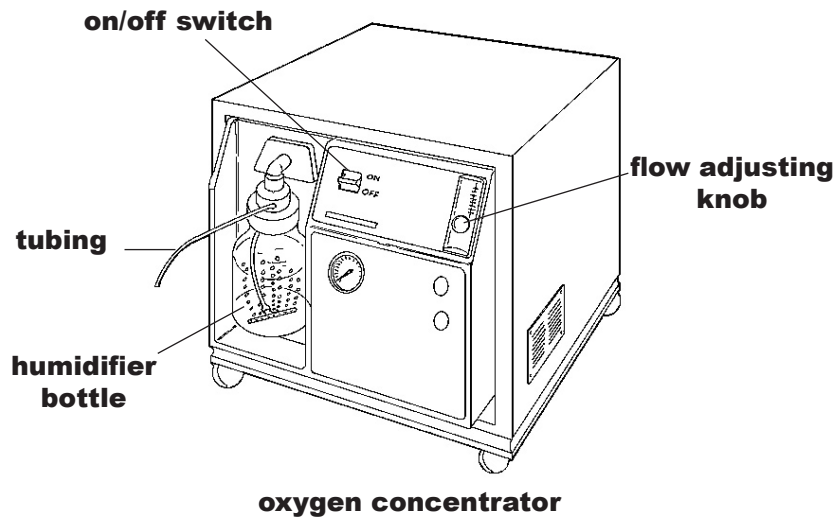
**liquid level gauge:** shows how much oxygen is left in the reservoir

**pressure gauge button:** turns on the liquid level gauge

**flow adjusting knob:** lets you give more or less oxygen. It shows how many liters of oxygen will be released by the tank in each minute (liters per minute or LPM).

**tubing:** carries oxygen to the child.

yes    no   **Oxygen concentrators**



**Oxygen concentrators** run on electricity. They take oxygen out of the air, and concentrate it. When electricity goes off, they cannot make oxygen, and they set off an alarm. If you use an oxygen concentrator, you must have a portable tank to use in case of power failure. You will also need a portable tank for trips outside the house.

Keep oxygen concentrators in open spaces that have good air flow (well ventilated). Do not store an oxygen concentrator in a closet, trunk or closed space.

**on/off switch:** starts and stops the oxygen concentrator

**flow adjusting knob:** lets you give more or less oxygen

**tubing:** carries oxygen to your child.

**humidifier bottle:** mixes a mist of sterile distilled water with the oxygen

yes    no   Tell your power company that you are using a concentrator.

yes    no   Keep a portable oxygen tank as backup in case of a power failure.

Some models are loud and heat up the house. Oxygen concentrating systems are often used in rural areas that oxygen companies don't usually visit.

## Costs

In most states, home oxygen for infants and toddlers is covered by insurance. Prices for oxygen delivery systems vary. Usually, oxygen supplied in tanks costs the least.

yes    no **Mist treatments**

Some medicine that helps children breathe is given in mist. The medicine that is mixed in a mist of distilled water helps keep your child's airways open.

The machine that makes the mist is called a nebulizer. You mix the medicine with the water in the nebulizer cup. The machine pushes air through the mixture and makes a mist. If your baby takes oxygen, make sure it is still on during the mist treatment.

## Where to keep the oxygen

Where in the home does your child spend the most time? This is probably the room where you should keep your child's oxygen. The oxygen supply company will give you up to 50 feet of tubing, so your child can move around the house.

Tubing up to 50 feet long works well. We cannot use tubing more than 50 feet long. Longer tubing makes it harder to push the oxygen through. When tubing is more than 50 feet long the oxygen going through it slows down too much. Tubing that is too long will not give your child enough oxygen.

**Every day, check each end of the tubing for leaks.**

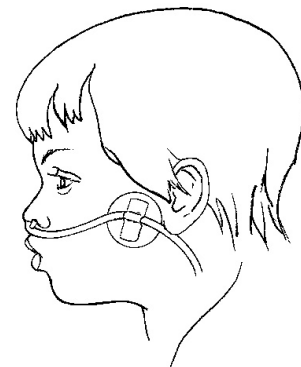
1. If the humidifier is bubbling, there are no leaks near the tank.
2. To test the other end, get a glass of water. Put the end of the tube near your child into the water. If it bubbles, there are no leaks along the tubing.

## Plan ahead

- Make sure your child will have enough oxygen.
- Every morning, check how much oxygen is left. Figure out how many hours of oxygen you have left. Someone on your health care team will show you how to do this. Call to have more oxygen delivered before it runs out.
- Most home oxygen suppliers can deliver 24 hours per day.  
However, oxygen delivered on nights, weekends or holidays may cost more.

## yes   no   **How to give oxygen through a nasal cannula**

A nasal cannula is a tube with holes. It sits under your child's nose and gently blows oxygen in through prongs. You will get nasal cannulas from your home oxygen supplier. Change the nasal cannula every week. If your child has a cold, change the nasal cannula every day.



**a nasal cannula**

## How to put on the nasal cannula

What you need:

- the nasal cannula
- tubing
- paper tape or fabric tape
- oxygen supply system

1. Cut or tear two pieces of tape and lightly press a corner of each on to the edge of a table or counter.
2. Hold the nasal cannula over your child's head with the nasal prongs facing in, toward your child's face.

3. Lower the nasal cannula in place. Put the nasal prongs into your child's nostrils.

- put a piece of tape on each cheek to hold the cannula in place
- loop the sides of tubing low below your child's ears or
- loop the sides of the tubing over your child's ears, like eyeglasses

4. Find the clasp in the back of the loop of the nasal cannula. Push it in to make the loop snug around your child's head.

Check often to make sure the nasal prongs are in your child's nostrils. Active children can move them out of place.

## Skin care

The nasal cannula may have a lip protector. This helps keep your child's lip from getting dry from the blowing oxygen. It also helps keep the nasal cannula in place.

Sometimes, tape makes a child's skin red or sore. If this happens, talk to your child's nurse or doctor.

- The type of tape may be changed.
- The place where you put the tape may be changed.
- A skin shield may be used. These dressings are put on the skin under the tape.

Sometimes, the prongs rub against the inside of the child's nose and make it sore. If this happens you may use scissors to cut the prongs so they will be shorter. However, if you do this, the edges will be sharp and may scratch the inside of your child's nose. Also, you must check the position of the cannula often. Shorter prongs are more likely to slip out of place.

## If your child pulls the cannula off

- Firmly tell your child “no.”
- Put mittens, socks or booties on your child’s hands.
- Run the tubing under the back of your child’s clothes.

yes    no

## How to give oxygen through an oxygen mask

An oxygen mask fits over your child’s nose and blows oxygen.

- Attach the oxygen mask to the tubing.
- Put the oxygen mask over your child’s head and place it over your child’s nose.
- Tighten the elastic to make it snug around your child’s head.

## Safety

Your home oxygen supplier will teach you how to use oxygen safely.

### Fire safety

• Oxygen is safe to use. By itself, oxygen will not catch on fire or explode, but it will make other things burn faster and hotter. Heat and sparks near oxygen could start a fire. You must use oxygen carefully.

• Keep oxygen 10 feet or more away from sparks and fires, such as:

- flames
- fires
- fireplaces
- wood stoves
- pilot lights
- gas stoves
- candles
- heaters



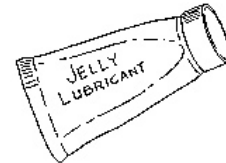
**Keep oxygen 10 feet or more  
away from sparks and fires**

- lit cigarettes
  - matches
  - cigarette lighters
- Anything that is plugged in can cause a spark.
    - Before you unplug an electrical appliance, turn it off. Sometimes taking out a plug can make a spark.
    - Keep oxygen 10 feet or more away from electrical appliances, such as radios, TVs, electric razors, hair dryers, heating pads, kitchen appliances, and some toys.
  - Keep oxygen 5 feet or more away from heat, heaters and radiators. Keep it out of direct sunlight. If the oxygen gets too warm, the pressure inside goes up and the tank could explode.
  - No smoking. Cigarettes, cigars and pipes can make sparks that could start fires.
    - Do not smoke in the room where oxygen is used.
    - Do not let anyone else smoke in the room where oxygen is used.
    - Do not smoke or let anyone else smoke in a car, van or truck where oxygen is used.
    - Put a “No Smoking” sign of the room where oxygen is used.
    - Put a “No Smoking” sign on the door of your home. Since smoke is unhealthy for children with breathing problems, no one should smoke in the home at all.
  - Keep oxygen 10 feet or more away from things that make static electricity easily, such as clothes made of silk, wool, polyester, acetate or other man-made fabrics.
    - Your child and anyone within 10 feet of your child should wear cotton clothes.
    - Your child’s blankets should be made of cotton. They should not be made of wool, nylon or man-made fabrics.



**No smoking.  
Cigarettes, cigars and pipes  
can make sparks that  
could start fires.**

- Keep oxygen 10 feet or more away from things that burn easily, such as:
  - alcohol
  - oil
  - petroleum jelly, like Vaseline
  - nail polish remover
  - grease
  - greasy cosmetics or hair products
  - aerosol sprays
  - lotion made with oil



**If your child's nose gets dry, use a water-based lubricant.**

- If your child's nose gets dry, use a water-based lubricant (like K-Y jelly). Do not use a petroleum jelly (like Vaseline) or any type of oil.

- Do not oil any part of the oxygen system. Oil and grease can burn easily near oxygen.

- Do not touch any part of the oxygen system if your hands are greasy or oily.

- Keep an ABC fire extinguisher near the room where oxygen is being used.

- Learn how to use the fire extinguisher.
- Make sure other people in the home know how to use the fire extinguisher.



**Keep an ABC fire extinguisher near the room where oxygen is being used.**

- Ask your home oxygen supplier to give you an "Oxygen in Use" sign. Put it in your front window or on your front door. If there is a fire, the fire department will know what to expect before they go into your home.

- Tell you fire department that you are using home oxygen.

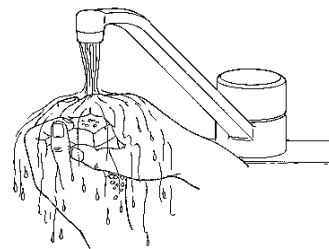
- Keep the telephone number of your fire department near each telephone.

# Check your oxygen system often

- At the same time every day, check to make sure you have enough oxygen.
- Every day, check each end of the tubing for leaks.
  1. If the humidifier is bubbling, there are no leaks near the tank.
  2. To test the other end, get a glass of water. Put the end of the tube near your child into the water. If it bubbles, there are no leaks along the tubing.

# Use your oxygen system safely

- Set the flow rate at the amount your child's doctor prescribed.
- Do not let the tubing kink or twist.
- Teach children not to touch the oxygen supply systems.
- Only let trained people use the oxygen supply system. Do not let anyone who is not trained to use it.
- Never try to open the oxygen tank.
- Keep oxygen tanks standing up.
- Do not drop the oxygen containers or let them tip over.
- When you are not using the oxygen, turn off the flow adjusting knob and the regulator, gauge or flow meter. This keeps the oxygen from leaking out.
- Children who need oxygen get colds and chest infections easily.
  - People should wash their hands well before they touch your child.
  - Keep people with colds or viruses away from your child.



**Wash your hands with  
soap and water  
for 20 seconds**

- Keep your child out of crowds.
- If you have a cold, virus or other catching illness, wash your hands well before you touch your child.
- If your child gets a cough or cold, call your child's doctor right away.
- If your child has a cold, change the nasal cannula every day.

- Everyone who cares for your child should know how to do CPR (cardiopulmonary resuscitation), just in case there is an emergency.

yes    no **Tank oxygen safety**

- Keep the tank in the safety stand.
  - The tank is heavy and could hurt someone if it fell
  - If the neck broke off the tank, the pressure inside the tank could make it fly off.
- Keep oxygen 5 feet or more away from heat, heaters and radiators. Keep it out of direct sunlight. If the oxygen gets too warm, the pressure inside goes up and the tank could explode.

yes    no **Liquid oxygen safety**

- Liquid oxygen systems store oxygen at more than 200 degrees below zero.
  - Do not touch cold or frosted fittings with your bare hands.
  - If liquid oxygen spills, don't let anyone touch it. It is cold enough to cause frostbite. Call your home oxygen supplier right away.

yes    no **Portable oxygen safety**

- Do not leave portable oxygen in a hot car or trunk.
- Do not leave portable oxygen in direct sunlight for a long time.
- When you travel, make sure the portable oxygen system is set so it cannot fall.
- Do not let anyone smoke near portable oxygen or your child.
- Keep portable oxygen 20 feet or more away from open flames.

- Do not pick up portable oxygen by the regulator. It can break the regulator.

yes    no **Do not clean your child's oxygen system.**

- Every week, replace the oxygen tubing and nasal cannula or mask.

- Throw away the old oxygen tubing and nasal cannula or mask.

yes    no **How to clean your child's oxygen system**

**It is important to clean the humidifier and tubing. If they are not kept clean, they will collect germs and could cause illness.**

# Nasal cannulas

- Clean nasal cannulas once a week or when they look dirty.
- Clean nasal cannulas with soap and water.
- Let nasal cannulas dry in air on a clean paper towel in a clean dry place for 24 hours.
  - You can dry a cannula quickly by attaching it to the oxygen tubing (not on your child) and turn up the flow.
  - Do not use nasal cannulas that still have water in them. The water could keep oxygen from getting through the tube.

# Humidifier bottle

A humidifier bottle mixes a mist of sterile distilled water with the oxygen.

yes    no   If your child's humidifier comes filled from the home oxygen supplier, change it once a week.

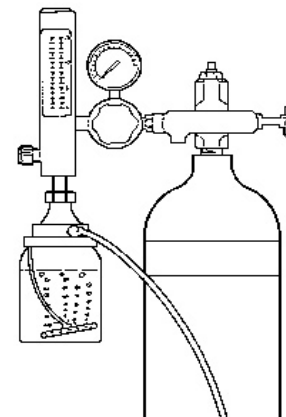
yes    no   If you fill your child's humidifier,

— once a day:

1. Pour out the water.
2. Rinse out the bottle.
3. Fill the water with sterile distilled water up to the refill line.

— every 3 days:

1. Pour out the water.
2. Take apart the humidifier.
3. Wash all the parts in liquid dishwashing detergent.
4. Rinse all the parts under hot running water.
5. Soak all the parts in \_\_\_\_\_ solution for 10 minutes.
6. Rinse the parts right away.
7. Dry all the parts in air on a clean paper towel in a clean dry place.



**a humidifier bottle**

# Getting out of the house

Most children who use oxygen can travel out of the house. It takes planning, but it can be done.

If your child will be out of the house often, a portable liquid oxygen system may be easiest. The portable walker is light and comes with a shoulder strap.

## **Before you go on a short trip from home that will only take hours:**

- Make sure your child will have enough oxygen.
- Check how much oxygen is left. Figure out how many hours of oxygen you have left. Make sure you have more than enough oxygen. If the trip takes longer than you expect it to, you want to keep your child safe.
- Most home oxygen suppliers can deliver 24 hours per day. However, oxygen delivered on nights, weekends or holidays may cost more.
- Tell your child's doctor if you are going to the mountains or to a higher elevation.

## **Before you travel overnight or far away:**

- **Plan**
  - Before you buy tickets or make reservations, tell your child's doctor you are planning the trip.
  - Tell your child's doctor where you are going and for how long.
  - Tell your child's doctor if you are going to or passing through the mountains or to a higher elevation.
  - Tell your home oxygen supplier where you are going and for how long.
  - Get supplies and oxygen for the trip.
  - Ask your home oxygen supplier where you will be able to get more oxygen and supplies while you are on the trip.
  - Call those suppliers and tell them you are taking the trip and what type of oxygen and supplies your child uses.

## **Pack**

- The supplies you need, including nasal cannulas, tubing, tape, sterile distilled water and oxygen.
- The list of where to get more oxygen and supplies.
- Emergency telephone numbers.

## **Travel by car, van or truck**



- Never put tank or liquid oxygen in the trunk of your car.
- You may put an oxygen concentrator in the trunk of your car.
- Do not leave portable oxygen in a hot car or trunk.
- Do not smoke or let anyone else smoke in a car, van or truck where oxygen is used.
- Set the portable oxygen system so it cannot fall.

## **Travel by bus or train**



- Before you buy tickets, call the bus or train company to tell them you will be traveling with oxygen.
- Most bus lines let you use your own oxygen supply.
- You may use an oxygen concentrator when you travel by train. They may want you to also bring 12 hours of back-up portable oxygen, just in case electricity is not available.
- Set the portable oxygen system so it cannot fall.

## **Travel by ship**

- Before you buy tickets, call the company to tell them you will be traveling with oxygen. Find out what they want you to bring on the trip.
- Set the portable oxygen system so it cannot fall.

## Travel by plane

- Before you buy tickets, tell your child's doctor you plan to travel by plane.
- Before you buy tickets, call the airline's medical services department or special services department.



Some airlines may not let you use any oxygen on the plane. Here are the phone numbers as of August, 2000:

Alaska Airlines	1-800-252-7522	supervisor
American Airlines	1-800-433-7300	supervisor
America West	oxygen is not available	
British Air	1-800-247-9297	special services
Continental Airlines	1-800-525-0280	
Delta Airlines	1-800-221-1212	oxygen desk
Northwest Airlines	1-800-225-2525	
Southwest Airlines	oxygen is not available	
TWA	1-800-221-2000	special services
US Airways	1-800-428-4322	oxygen desk
United Airlines	1-800-241-6522	

- Before you buy tickets, ask the airline:
  - Do you let people travel with oxygen?
  - How much do you charge for using oxygen during a flight?
    - Airlines will charge you to use their oxygen.
    - Most airlines want you to use their oxygen supplies while you are on the plane. They will charge you for this. Fees could be \$50 to \$150 for each part of your trip.
  - Should I bring my own mask or cannula, or will you give one to my child?
  - Can I bring my own oxygen tank or oxygen generator? If so, can I check it as baggage, or should I carry it on? If I bring it, will you charge me extra? Do I have to buy an extra seat for equipment?
    - Your child's oxygen system and supplies may have to be checked as baggage.
  - What documents do you need for me to travel with oxygen?
    - The airline may want you to give them a letter from your child's doctor. It should have an order for liter flow, permission to travel, office phone, fax number, a signed perscription dated the day of the flight for

the patient to carry on board, phone number for the patient, and phone number where patient is staying. This needs to be call in or faxed to the airline.

- Most airlines want you to call them 2 to 10 days before you travel with oxygen.
- Most airlines require that people using oxygen not travel alone.
- It is best if your flights are direct and not on a weekend. It is easier to arrange for oxygen supplies.
- Most airlines will not supply oxygen in the airport or between flights. Call Alert Oxygen at 248-258-9966 for oxygen at airports or during layovers, or ask your home oxygen supplier.

# Some questions parents ask about oxygen

## **Can oxygen be stored in the body?**

No, oxygen can not be stored in the body. When you turn off the oxygen, there is only enough in the lungs and blood to last a few minutes.

## **Why does my child need oxygen when sleeping?**

During sleep, people breathe slower and not as deeply. Children with lung disease need extra oxygen at night, to make sure they get enough.

## **Will my child stop breathing if the oxygen tube comes off?**

If the tube comes off for a little while, your child will not stop breathing. Since your child needs oxygen, do not let the tube stay off long.

## **Will home oxygen cause blindness?**

Home oxygen will not hurt the eyes of babies who are big enough to go home.

## **My child breathes by mouth, but the oxygen is going in through a nasal cannula. Is my child getting enough oxygen?**

Yes. If oxygen is gently blowing into your child's nose, it will get into his or her lungs.

## **If one liter is good for my child, isn't two liters better?**

The liter flow prescribed by your child's doctor is best. Remember, oxygen is a prescribed drug. Too much or too little could hurt your child.

## **When I use oxygen at home, will my house insurance premiums go up?**

There is no reason for your premiums to go up, since oxygen is safe if you use it right. But ask your insurance agent to be sure.

## **Will too many house plants use up the oxygen in the air?**

No, house plants do not change the amount in oxygen in the air very much. Plants take oxygen and carbon dioxide out of the air, but also put oxygen in the air.

## **The flow from my child's portable oxygen does not seem as strong as the flow from the tank. Is my child getting less oxygen?**

If you set the liter flow the same, the amount of oxygen is the same. A longer tube may make it feel less strong. If you are concerned, ask your home oxygen

supplier to check the flow.

### Why is there water in the oxygen tubing?

The heating and cooling system in your house can make the air very dry. This makes water collect in the tubing. If you keep the tubing off the floor, you may find less water in the tubing.

## Now that you've read this:

- Tell your nurse or doctor why your child needs oxygen. (Check when done).
- Show your nurse or doctor how you give your child oxygen. (Check when done).
- Tell your nurse or doctor how you will keep your child's oxygen safe. (Check when done).
- Tell your nurse or doctor how you will travel with your child's oxygen. (Check when done).



If you have any questions or concerns,

- call your child's doctor or
- call \_\_\_\_\_

If you want to know more about child health and illness,  
visit our library at The Emily Center at Phoenix Children's Hospital  
1919 East Thomas Road  
Phoenix, AZ 85016  
602-546-1400  
866-933-6459  
[www.phoenixchildrens.com](http://www.phoenixchildrens.com)

#### Disclaimer

The information provided at this site is intended to be general information, and is provided for educational purposes only. It is not intended to take the place of examination, treatment, or consultation with a physician. Phoenix Children's Hospital urges you to contact your physician with any questions you may have about a medical condition.

Monday, February 2, 2009 • DRAFT to family review  
#338 • Written by Sandi Jarvis, MS, RN and Fran London, MS, RN • Illustrated by Dennis Swain  
• This handout is also available in Spanish as #577/338s.



# The Emily Center

## Using Oxygen at Home

### Procedure/Treatment/Home Care

Si usted desea esta información en español, por favor pídasela a su enfermero o doctor.

Name of Health Care Provider: \_\_\_\_\_ Number: 338  
For office use: Date returned: \_\_\_\_\_  db  nb

## Family Review of Handout

**Health care providers:** Please teach families with this handout.

**Families:** Please let us know what you think of this handout.

Would you say this handout is hard to read?  Yes  No

easy to read?  Yes  No

Please circle the parts of the handout that were hard to understand.

Would you say this handout is interesting to read?  Yes  No

Why or why not?

Would you do anything differently after reading this handout?  Yes  No

If yes, what?

After reading this handout, do you have any questions about the subject?  Yes  No

If yes, what?

Is there anything you don't like about the drawings?

Yes  No

If yes, what?

What changes would you make in this handout to make it better or easier to understand?

Please return your review of this handout to your nurse or doctor or send it to the address below.

Fran London, MS, RN  
Health Education Specialist  
The Emily Center  
Phoenix Children's Hospital  
1919 East Thomas Road  
Phoenix, AZ 85016-7710

602-546-1395

[flondon@phoenixchildrens.com](mailto:flondon@phoenixchildrens.com)

**Thank you for helping us!**