

Pt. Name: \_\_\_\_\_

Medical Record No. \_\_\_\_\_

### Oxygen Safety Agreement

I (printed name) \_\_\_\_\_ enter into this agreement with Hospice & Palliative Care Charlotte Region to establish appropriate guidelines for safe oxygen use in the home. I agree to the following:

1. I have been instructed on the appropriate use and liter flow of oxygen.
2. I have been provided with, and understand the oxygen teaching as outlined in the Patient & Caregiver Guide.
3. I understand that smoking while wearing oxygen, or having another ignition source such as an open flame near oxygen, could result in a flash fire or explosion, causing serious harm or death to myself or others present in the home, including caregivers and hospice staff. Ignition sources include, but are not limited to, matches, lighters, candles, electric razors, hair dryers, cooking stoves, wood burning stoves, and petroleum-based products.
4. I have received appropriate teaching regarding the safe use of oxygen and the dangers of smoking or having another ignition source while in the vicinity of oxygen from the vendor providing the oxygen equipment in the home.
5. I understand that failure to comply with the safety guidelines may result in hospice staff scheduling a representative from the community fire department to visit me to provide additional education on oxygen safety.
6. I acknowledge that smoking or having another ignition source while in the vicinity of oxygen creates an unsafe environment which prevents the hospice staff from providing safe care.
7. I acknowledge that any violation of this agreement could result in discharge from the hospice program.

\_\_\_\_\_  
Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Hospice Representative: \_\_\_\_\_ Date: \_\_\_\_\_