Oxygen Protocol

Purpose

To standardize the assessment of a patient's oxygenation status to ensure that a therapeutic level of oxygen is being delivered. To identify those patients with a history or chronic hypercarbia who may be at risk for oxygen-induced hypoventilation. To establish guidelines for the therapeutic delivery of O_2 in accordance with existing professional standards.

Scope

This document outlines the procedure for performing O_2 assessments and an algorithm for applying Oxygen Therapy.

Audience

This document is intended for use by Licensed Respiratory Care Practitioners.

Procedure

1	Obtain pulse oximeter.
2	Check patient's medical record for O_2 order, medical history and ABG results.
3	Introduce yourself and verify patient ID.
4	Wash hands.
5	While assessing SpO2, follow the attached O2 Protocol.
6	Document in Epic under RCS assessment whenever a titration procedure has been performed. Communicate with nursing personnel as to any changes made.
7	Document per PCS Policies 7.1.1, 7.1.2, and 7.1.3.

Infection Control

Follow procedures outlined in Healthcare Epidemiology Policies and Procedures #2.24; Respiratory Care Services.
http://www.utmb.edu/policy/hcepidem/search/02-24.pdf

Continued next page

References

AARC Clinical Practice Guidelines; Oxygen Therapy in the Acute Care Hospital, Respiratory Care; 1991; 38:1410-1413.

AARC Oxygen Protocol; www.aarc.org

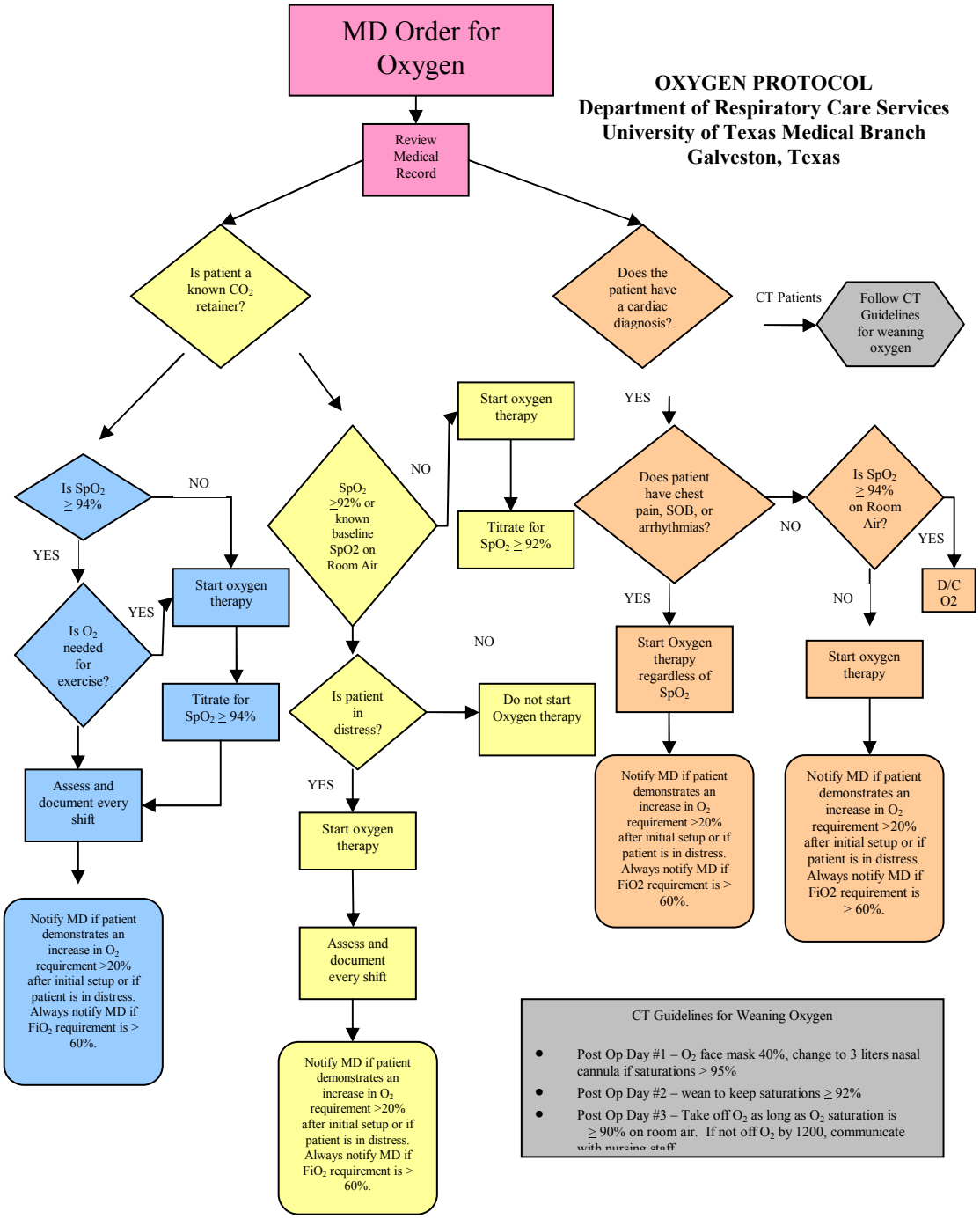
AARC Clinical Practice Guidelines, Pulse Oximetry, Respiratory Care, December 1991, 36; 12 1406-1409.

Cunningham B. Oxygen Protocols for the Prevention of Hypoxemia. A Review for Case Managers. Journal of Case Management. 1997; 6:3-7.

Hagarty EM, Langbein WE, Skorodin MS, Hultman CI, Jessen JA, Fink JB. Use of Pulse Oximetry to Determine Oxygen Prescription for Hypoxemic Patients With COPD, Respiratory Care. 1996; 41:30-6.

Bagshaw O, Gillis J, Schell D. Delayed Recognition of Esophageal Intubation in a Neonate: Role of radiologic Diagnosis, Critical Care Medicine 1994; 22:2020-3.

Branson RD. The Nuts and Bolts of Increasing Arterial Oxygenation: Devices and Techniques, Respiratory Care. 1993; 38:672-86.


MD Order for Oxygen
OXYGEN PROTOCOL
Department of Respiratory Care Services
University of Texas Medical Branch
Galveston, Texas
Review Medical Record
Is patient a known CO_2 retainer?
Does the patient have a cardiac diagnosis?
CT Patients
Follow CT Guidelines for weaning oxygen
YES
Is SpO_2 ≥ 94%
NO
YES
Start oxygen therapy
Is O_2 needed for exercise?
YES
Titrate for SpO_2 ≥ 94%
Assess and document every shift
Notify MD if patient demonstrates an increase in O_2 requirement >20% after initial setup or if patient is in distress. Always notify MD if FiO_2 requirement is > 60%.
SpO_2 ≥92% or known baseline SpO2 on Room Air
NO
Start oxygen therapy
Titrate for SpO_2 ≥ 92%
NO
Is patient in distress?
Do not start Oxygen therapy
YES
Start oxygen therapy
Assess and document every shift
Notify MD if patient demonstrates an increase in O_2 requirement >20% after initial setup or if patient is in distress. Always notify MD if FiO_2 requirement is > 60%.
YES
Does patient have chest pain, SOB, or arrhythmias?
NO
YES
Start Oxygen therapy regardless of SpO_2
Notify MD if patient demonstrates an increase in O_2 requirement >20% after initial setup or if patient is in distress. Always notify MD if FiO2 requirement is > 60%.
Is SpO_2 ≥ 94% on Room Air?
YES
D/C O2
NO
Start oxygen therapy
Notify MD if patient demonstrates an increase in O_2 requirement >20% after initial setup or if patient is in distress. Always notify MD if FiO2 requirement is > 60%.
CT Guidelines for Weaning Oxygen
Post Op Day #1 – O_2 face mask 40%, change to 3 liters nasal cannula if saturations > 95%
Post Op Day #2 – wean to keep saturations ≥ 92%
Post Op Day #3 – Take off O_2 as long as O_2 saturation is ≥ 90% on room air. If not off O_2 by 1200, communicate with nursing staff