Simple Face Mask

Purpose

To standardize delivery of low to moderate oxygen concentration (FIO_2 range .40-.60). To insure delivery system is functioning appropriately and the delivery system is changed when indicated.

Policy

Respiratory Care Services provides equipment and therapy according to physician's orders for patients requiring supplemental oxygen to maintain adequate blood levels of oxygen.

Accountability/Training

- A Licensed Respiratory Care Practitioner may institute oxygen by Simple Face.
- Training must be equivalent to the minimal therapist entry level in the Respiratory Care Service with age specific recognition of requirements of population treated.

Physician's Order

The written physician's order must include:

- Liter flow of oxygen (6-10 LPM).
- Mode of administration.

In the absence of a complete order, Simple Face Mask oxygen therapy is to be administered only in an emergency. The order must be secured at the earliest possible time after emergency administration has occurred. Otherwise, the complete order must be secured before therapy can be administered.

Indications

Documentation of need with arterial blood gases or oximetry, or as indicated by respiratory distress or other acute or chronic indicators.

Contra-indications

Simple Face Mask therapy may be contraindicated:

- In patients with facial injuries.
- For patients who will not leave the mask in place.
- For patients experiencing adverse psychological effects of mask therapy.

Goals

- To treat hypoxia and/or hypoxemia.
- To decrease the work of breathing.
- To decrease myocardial work.

Equipment and Supplies

- Oxygen mask with connecting tubing.
- Oxygen Flow meter (Pressure Compensated)

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Procedure

Step	Action
1	Check patient's medical record for details of the physician's order.
2	Wash hands.
3	Explain purpose of therapy to patient.
4	With flow meter turned off, plug into outlet. Turn oxygen on to desired flow rate.
5	Verify oxygen flow.
6	If working, place mask properly on patient and adjust head strap.
7	Explain safety rules to the patient and visitors in the room. Suggest removal of all smoking material. Observe the area for possible safety hazards.
8	Record initiation of therapy in EPIC and on the department treatment card.
9	Oxygen rounds will be made twelve hours (every six hours in the ISCU). On rounds check for skin integrity, abnormal bends in the tubing, proper liter flow, tight connections and patient's response to therapy. Always check the area for possible safety hazards.
10	Check patient's medical record for any change in physician's order.
11	If the equipment is on stand-by status the oxygen delivery appliance must be placed in a plastic set up bag.
12	Record rounds and equipment change-out in EPIC, and on the department treatment cards per RCS Policies # 7.1.1 and # 7.1.2.

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Assessment of Outcome

Includes, but is not limited to:

- Arterial blood gas and/or mixed venous blood gas measurements.
- The clinical observations of color, alertness, respiratory rate, work of breathing, blood pressure, and pulse rate.
- Pulse oximetry.
- Assessment of the cardiopulmonary system.

Patient Teaching

Instruct patient as follows:

- Explain to the patient why he/she is receiving oxygen. Relate it to his/her disease or injury state.
- Reassure the patient that this is a safe procedure.
- Inform the patient that he/she may remove the oxygen device only pending physician's orders.
- Instruct patient in safe use of oxygen.

Infection Control

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

Safety

- No smoking in room where oxygen is being administered.
- Suggest removal of cigarettes, matches, and lighters from family members of patient receiving oxygen.
- Instruct patient and visitors in safety rules for oxygen.
- Safety guidelines as outlined in section 03.6.1 of this manual will be followed.

References

AARC Clinical Practice Guidelines, Oxygen Therapy For Adults in the Acute Care Facility – 2002 Revision & Update, Respiratory Care 2002; 47(7): 717-720

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