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Portable Oxygen Transport  Formulated: 10/78	<b>Effective:</b> 11/06/94 <b>Revised:</b> 12/02/14

## Portable Oxygen Transport

<b>Purpose</b>	Oxygen is provided for patients who require continuous oxygen therapy when they need to be removed from their primary oxygen source for transport within the hospital.
<b>Policy</b>	Respiratory Care Services (RCS) supplies oxygen for the transport of patients who require continuous oxygen therapy. Critically ill patients or those with special needs (i.e. patients with tracheostomies) may require the assistance of and/or evaluation by a respiratory therapist prior to or during transport.
<b>Scope</b>	Nurses, Respiratory Care Practitioners, and Transportation personnel trained to transport patients requiring continuous oxygen.
<b>Request for Transport</b>	Transports may be requested by nursing services or any other responsible unit personnel. Requests for transports for patients requiring continuous oxygen are called into the Transportation department, designating the patient's name, place of patient pick-up, need for oxygen and destination. Therapists are to be notified in advance of the need for assistance or evaluation so that arrangements can be made to provide adequate coverage for other areas as needed.
<b>Equipment</b>	<ul style="list-style-type: none"> <li>• Portable oxygen cylinder (E) or Liquid Oxygen Companion T (LOX).</li> <li>• Proper regulator, tank key and flow meter.</li> <li>• Cart with wheels for mobile tank.</li> <li>• Oxygen Liter Meter</li> </ul>

### Procedure

Step	Action
1	Once a request for transport with oxygen is received, obtain a LOX canister or portable e-cylinder with regulator and flow meter.
2	Ensure that LOX canister or e-cylinder is full prior to transport and that the oxygen regulating device is in proper working order.
3	Identify patient to be transported using two identifiers.
4	Verify with the patient's nurse or attending personnel the liter flow required for transport.
5	Turn on the LOX or e-cylinder and adjust flow meter to match the liter flow the patient is receiving. Remove the oxygen connecting tubing from the oxygen source and

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	connect to the transport LOX/cylinder. Turn the flow meter at the wall source off.
6	Transport the patient safely to destination.
7	Upon arrival to the procedural area or new destination, inform the nurse or attending staff that the patient has arrived and is oxygen.
8	Place the patient on the receiving area's oxygen source (wall source or large cylinder) and ensure that the flow is set appropriately and that there is adequate pressure to support the patient if using cylinder oxygen.
9	Notify RCS at 21635 if a tank change is required.

**Transports out of or into the ICU's:**

<b>Step</b>	<b>Action</b>
1	A patient on oxygen will be transported out of an ICU with a therapist/nurse or trained Transportation personnel being present.
2	It is the responsibility of the therapist assigned to the ICU to ensure that the patient is set up to be transported safely out of the ICU. If a therapist's assistance is needed during transport, notify the RCS Supervisor to ensure that there is adequate coverage available for the ICU.
3	It is the transferring therapist's responsibility to notify the therapist assigned to the patient's new location of their impending transfer so that they can ensure that an oxygen flowmeter is available in the patient's new location.
4	A respiratory therapist should be in attendance for any patients being transferred to the ICUs secondary to deterioration in clinical status. Notify RCS at 21635 or on pager 409-643-0803 for assistance if needed.

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**Undesirable Side Effects**

Patients that are not ambulatory may experience distress when moved. Respiratory Care Service staff and other clinical personnel must be aware of signs such as dizziness, nausea, weakness, a drop in blood pressure or a rise in pulse. If these signs occur, immediately notify the patient's nurse or physician of the change in patient status.

**Patient Teaching**

Instruct the patient as follows:

- Explain to the patient why he or she is being moved.
- Reassure the patient that everything will be done to make the move as comfortable as possible and that his/her oxygen therapy will continue uninterrupted.

**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>

**References**

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