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 Practitioner and Practitioners.
<table>
<thead>
<tr>
<th></th>
<th>Oxygen Assessment Protocol</th>
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<tbody>
<tr>
<td>1</td>
<td>Obtain pulse oximeter.</td>
</tr>
<tr>
<td>2</td>
<td>Check patient's medical record for O₂ order, medical history and any ABG results.</td>
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<tr>
<td>3</td>
<td>Introduce yourself and verify patient using two identifiers.</td>
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<td>4</td>
<td>Wash hands.</td>
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<td>5</td>
<td>While assessing SpO₂, follow the attached O₂ Protocol.</td>
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<td>6</td>
<td>Document in Epic under RCS assessment whenever a titration procedure has been performed. Communicate with nursing personnel as to any changes made.</td>
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<td>7</td>
<td>Document per RCS Policy 7.1.1</td>
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Oxygen Protocol

MD Order for Oxygen

RN/RT review medical record

Is patient a known CO₂ retainer?

CT patients follow CT Guidelines for weaning oxygen *

Does the patient have a cardiac diagnosis?

No

Is SpO₂ ≥ 94%?

Start Oxygen therapy

SpO₂ ≥ 92% or known baseline SpO₂ on Room A?

Titrated for SpO₂ ≥ 94%

No

Is O₂ needed for exercise?

Start Oxygen therapy

NO

Is patient in distress?

NO

Do not start Oxygen therapy

Assess and document every shift

NO

Is SpO₂ ≥ 94% on Room A?

Titrated for SpO₂ ≥ 94%

NO

Does patient have chest pain, SOB, or arrhythmias?

NO

Start Oxygen therapy regardless of SpO₂

NO

D/C O₂

NO

Always notify MD if FiO₂ requirement is >60%

* CT Guidelines for Weaning Oxygen

- Post Op Day #1 – O₂ face mask 40%, change to J tents nasal cannula if saturations > 95%
- Post Op Day #2 – Wean to keep saturations ≥ 92%
- Post Op Day #3 – Take off O₂ as long as O₂ saturation is ≥ 90% on room air. If not off O₂, by 1200, communicate with nursing staff

Formulated: 04/93
Effective: 2/02/95
Revised: 5/1/18
Reviewed: 08/14/23
Infection Control

Follow procedures outlined in Healthcare Epidemiology Policies and Procedures #2.24; Respiratory Care Services.

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.


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.


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