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 O₂ in accordance with existing professional standards.

**Scope**
This document outlines the procedure for performing O₂ assessments and an algorithm for applying Oxygen Therapy.

**Audience**
This document is intended for use by Licensed Respiratory Care Professionals.

<table>
<thead>
<tr>
<th>Step</th>
<th>Task</th>
</tr>
</thead>
<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>
</tr>
<tr>
<td>3</td>
<td>Introduce yourself and verify patient using two identifiers.</td>
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<tr>
<td>4</td>
<td>Wash hands.</td>
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<tr>
<td>5</td>
<td>While assessing SpO₂, follow the attached O₂ Protocol.</td>
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<tr>
<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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<tr>
<td>7</td>
<td>Document per RCS Policy 7.1.1</td>
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</tbody>
</table>
Oxygen Protocol

- Always notify MD if FiO2 requirement is >60%
- CT Guidelines for Weaning Oxygen:
  - Post Op Day #1 – O2 face mask 40%, change to J. Heras 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 > 95% on room air, if not off O2 by 12:00, communicate with nursing staff

Procedure:

1. MD Order for Oxygen
2. RN/RT review medical record
3. Is patient a known CO2 retainer?
   - Yes: CT patients follow CT Guidelines for weaning oxygen
   - No: Does the patient have a cardiac diagnosis?
4. SpO2 ≥ 94% or known baseline SpO2 on Room A?
   - Yes: Start Oxygen therapy
   - No: Titrerate for SpO2 ≥ 94%
5. Is O2 needed for exercise?
   - Yes: Start Oxygen therapy
   - No: Is patient in distress?
     - Yes: Do not start Oxygen therapy
     - No: Start Oxygen therapy
6. Is SpO2 ≥ 94% on Room A?
   - Yes: Start Oxygen therapy
   - No: D/C O2
7. Do not start Oxygen therapy

Assess and document every shift
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.