

<b>UTMB RESPIRATORY CARE SERVICES</b> <b>PROCEDURE - Oxygen Protocol</b>	Policy 7.2.4 Page 1 of 3
<b>Oxygen Assessment Protocol</b>  Formulated: 04/93	<b>Effective: 2/02/95</b> <b>Revised: 5/1/18</b> <b>Reviewed: 08/14/23</b>

## **Oxygen Protocol**

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**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<sub>2</sub> in accordance with existing professional standards.

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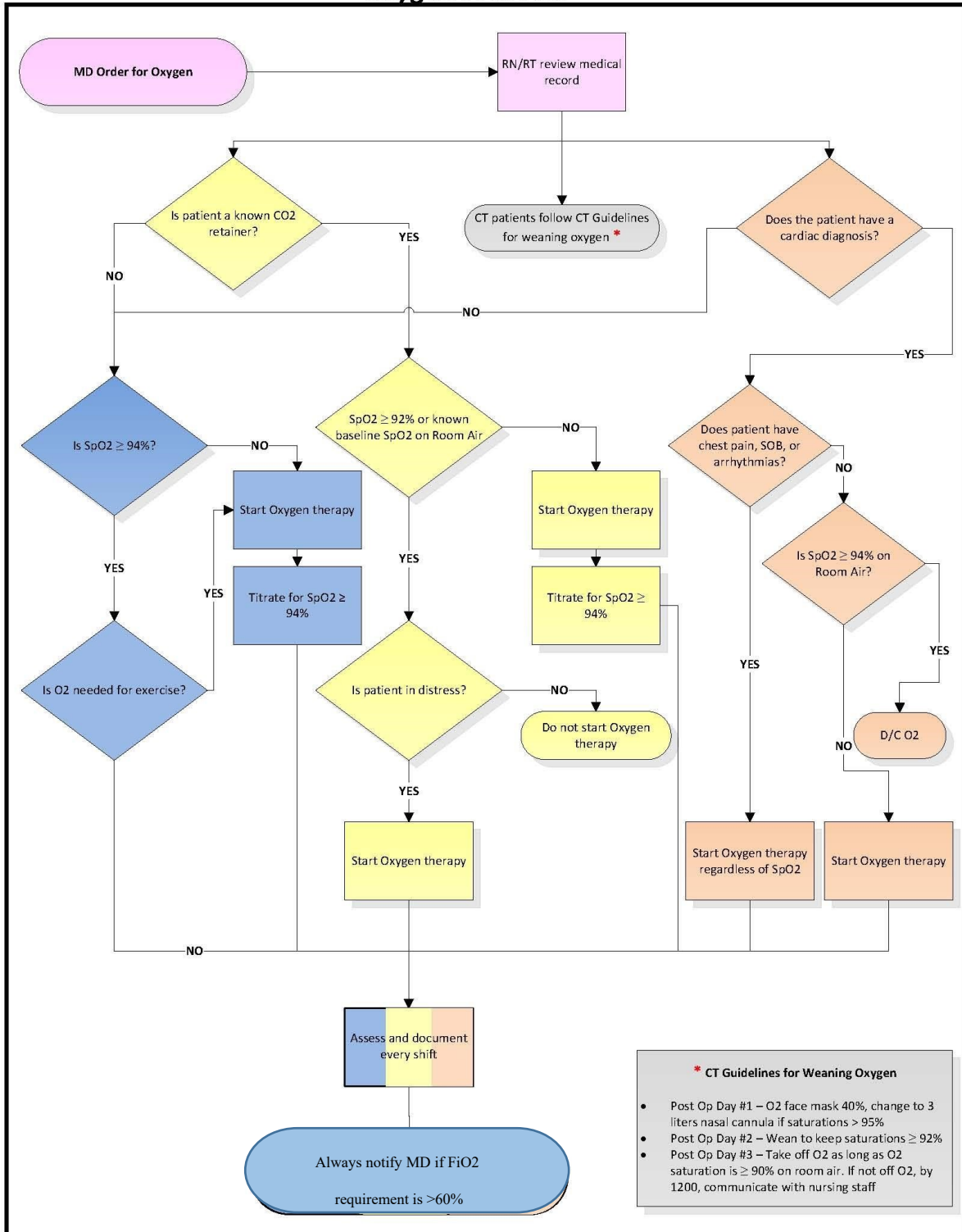
**Scope** This document outlines the procedure for performing O<sub>2</sub> assessments and an algorithm for applying Oxygen Therapy.

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**Audience** This document is intended for use by Licensed Respiratory Care Practitioner and Practitioners

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<b>Oxygen Assessment Protocol</b>		<b>Effective: 2/02/95</b> <b>Revised: 5/1/18</b> <b>Reviewed: 08/14/23</b>
	1 Obtain pulse oximeter.	Formulated: 04/93
	2 Check patient's medical record for O <sub>2</sub> order, medical history and any ABG results.	
	3 Introduce yourself and verify patient using two identifiers.	
	4 Wash hands.	
	5 While assessing SpO <sub>2</sub> , follow the attached O <sub>2</sub> 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 RCS Policy 7.1.1	

**Oxygen Protocol**



**\* CT Guidelines for Weaning Oxygen**

- Post Op Day #1 – O2 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 O2 as long as O2 saturation is ≥ 90% on room air. If not off O2, by 1200, communicate with nursing staff

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

AARC Oxygen Protocol; [www.aarc.org](http://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.