# 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\textsubscript{2} in accordance with existing professional standards.

## Scope
This document outlines the procedure for performing O\textsubscript{2} assessments and an algorithm for applying Oxygen Therapy.

## Audience
This document is intended for use by Licensed Respiratory Care Practitioners.

## Procedure

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>1</strong></td>
<td>Obtain pulse oximeter.</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Check patient's medical record for O\textsubscript{2} order, medical history and any ABG results.</td>
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<td><strong>3</strong></td>
<td>Introduce yourself and verify patient using two identifiers.</td>
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<td><strong>4</strong></td>
<td>Wash hands.</td>
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<tr>
<td><strong>5</strong></td>
<td>While assessing SpO\textsubscript{2}, follow the attached O\textsubscript{2} Protocol.</td>
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<tr>
<td><strong>6</strong></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><strong>7</strong></td>
<td>Document per RCS Policy 7.1.1</td>
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</table>

## 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](http://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.


Oxygen Protocol

**Oxygen Assessment Protocol**

**Formulated:** 04/93
**Effective:** 2/02/95
**Reviewed:** 12/12/14

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**Oxygen Protocol**

1. **MO Order for Oxygen**
2. **RN/RT review medical record**
3. **Is patient a known CO2 retainer?**
   - **YES**
   - **NO**
4. **Does the patient have a cardiac diagnosis?**
   - **YES**
   - **NO**
5. **CT patients follow CT Guidelines for weaning oxygen**
6. **Is SpO2 92% or known baseline SpO2 on Room Air?**
   - **YES**
   - **NO**
7. **Is SpO2 94%?**
   - **YES**
   - **NO**
8. **Start Oxygen therapy**
9. **Titrated for SpO2 ≥ 94%**
10. **Is O2 needed for exercise?**
    - **YES**
    - **NO**
11. **Start Oxygen therapy**
12. **Is patient in distress?**
    - **YES**
    - **NO**
13. **Do not start Oxygen therapy**
14. **Start Oxygen therapy regardless of SpO2**
15. **Assess and document every shift**
16. **Notify MD if patient demonstrates an increase in O2 requirement >20% after initial setup or if patient is in distress. Always notify MD if FiO2 requirement is >60%**

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**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 2 liters O2 saturations ≥ 92%
- Post Op Day #3 – Take off O2 as long as O2 saturation is ≥ 95% on room air. If not off O2, by 1200, communicate with nursing staff