

 <p>Connecticut Valley Hospital Nursing Policy and Procedure</p>	<p>SECTION D: PSYCHOLOGICAL ADAPTATION CHAPTER 13: BASIC NEEDS</p> <p>POLICY AND PROCEDURE 13.6 OXYGEN ADMINISTRATION</p>
<p>Authorization: Nursing Executive Committee</p>	<p>Date Effective: May 1, 2018 Scope: Registered Nurses and Licensed Practical Nurses</p>

Standard of Practice:

The licensed nurse will administer oxygen when an insufficient amount is available to blood, organs, or tissue, when the SPO2 is < 90%, or as otherwise ordered by the physician.

Standard of Care:

The patient can expect to receive oxygen as needed and prescribed in a safe manner.

Policy:

Oxygen is administered by licensed nursing staff to patients requiring oxygen therapy. To accommodate the needs of our patients, oxygen has a myriad of uses and is available in a variety of containers. The need for oxygen in an emergency may be assessed and initiated by licensed nursing staff.

1. Procedure for Emergency Oxygen Therapy:

- Bring the Emergency Cart or Emergency Bag with O₂ to the scene.
- Turn O₂ on and check cylinder gauge for amount of oxygen.
- If patient is cyanotic, set liter flow at 15 liters per minute with non-rebreather mask. Be sure it is inflated then apply immediately to the patient. Maintain at 15 liters per minute until ambulance arrives on the scene.
- If patient is not cyanotic, obtain baseline vital signs and O₂ saturation level prior to starting O₂.
- Set liter flow at 15 liters per minute with non-rebreather mask. Set liter flow at 6 liters per minute with the nasal cannula.
- Attach nasal cannula, non-rebreather mask or Bag Valve Mask (BVM) to the flow meter.
- Explain procedure to patient
- Place in position of comfort.
- Turn gauge on and run for a few seconds.
- Place on patient and adjust for proper fit.
- Titrate oxygen flow rate upwards as necessary to maintain oxygen saturation greater

than 90%.

- Continue to monitor vitals and O₂ saturation every 5 minutes until ambulance arrives.

Documentation in the integrated progress note of the medical record should include baseline vital signs and O₂ saturation, time oxygen was initiated, method of administration, flow rate, indication for use, patient response, and ongoing vital signs prior to the ambulance arrival.

2. Procedure for Short-Term Oxygen Therapy:

- Obtain the small-sized oxygen tank (E-Tank) from the Emergency Cart.
- Turn Oxygen on and check cylinder gauge for amount of oxygen.
- Set liter flow on flow meter as prescribed by medical provider.
- Attach nasal cannula or face mask to flow meter and check for flow.
- Explain procedure to patient.
- Place patient in semi-fowler's position.
- Turn gauge on and run for a few seconds before placing mask or cannula on patient.
- Place nasal cannula or facemask on patient and adjust for proper fit.
- Chart time oxygen was started, method of administration, liter flow, indication for use and patient's response in the integrated progress notes of the medical record.
- Nursing staff shall bring empty oxygen tanks to the Nursing Supervisor's office. During business hours, the Garage will deliver and exchange the O₂ tank. After hours, contact Agency Police for replacement (x 5555).

3. Procedure for the Companion O₂ Portable Unit

Please refer to Nursing Policy and Procedure **13.6.1** *The Companion O₂ Portable Unit*.

4. Procedure for Long-Term Oxygen Therapy:

The RN will notify Ambulatory Care Services (ACS) via phone at x 5154 or x 5526. Orders for long-term oxygen therapy shall be faxed to x 5148. ACS will communicate with the vendor during normal business hours. Notify Registered Nurse Supervisors on off-shift hours, weekends or holidays, and they will communicate with the vendor as needed.

Oxygen Vendor will deliver and set up equipment.

Oxygen Vendor will instruct staff and patient on use of Oxygen Concentrator.

- Explain procedure to the patient
- Place patient in semi-fowler's position.
- Turn gauge on and run for a few seconds before placing mask or cannula on patient, check for flow.
- Place nasal cannula or face mask on patient and adjust for proper fit.
- Label tubing with date & time O₂ is initiated.
- Replace tubing, cannula or mask every 48 hours when oxygen is used continuously.

- Replace tubing, cannula or mask at least every 72 hours when oxygen is used intermittently.
- Chart time oxygen is initiated, method of administration, liter flow, indication for use and patient's response in the integrated progress notes of the patient's medical record.
- Revise Nursing Plan of Care to include alteration in physical comfort and use of Oxygen.
- Wipe down the outside of the Oxygen tank with a dry cloth to prevent dirt build-up.
- If *humidified* oxygen is ordered, change the disposable humidifier bottle weekly, labeling with nurse initials and date of bottle change. Use sterile water only. Empty and rinse the bottle when the water is low, then refill to line indicated with water. Never add fluid to partially-filled humidifier bottle. (IPC Manual Chapter II.L.3)

5. Procedure for replacement of used tanks:

When the O₂ indicator reaches 1000 psi, the RN will contact the Telecommunication Dispatcher, who will arrange for the garage to deliver a replacement tank.