

WHITING FORENSIC HOSPITAL
Nursing Policy and Procedure Manual

SECTION D: PHYSIOLOGICAL ADAPTATION
CHAPTER 13: BASIC NEEDS

POLICY & PROCEDURE 13.6: OXYGEN ADMINISTRATION

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 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 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 or the bag valve mask. Set at 6 liters per minute with the nasal cannula.
- Attach facial mask or nasal cannula to 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 Q 5 minutes until ambulance arrives.

Documentation in the Physical Health Progress Note of the medical record should include baseline vital signs and O₂ saturation, time O₂ was started, method of administration, flow rate, indication for use and patient response, and ongoing vital signs prior to the ambulance arrival.

2. Procedure for Short-Term Oxygen Therapy:

- Obtain the small-sized oxygen tank (ETANK) from the Emergency Cart.
- Turn Oxygen on and check cylinder gauge for amount of oxygen.
- When oxygen level is less than 1000 pounds per square inch (psi), remove any “FULL” and/or “IN USE” stubs from ticket on the tank, leaving the “EMPTY” stub, and replace tank (Reference Emergency Cart Procedure #12.2.1).
- Set liter flow on flow meter as prescribed by physician (2-5L/min)
- Attach nasal cannula or face mask to flow meter, 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, face mask or BVM on patient and adjust for proper fit.
- Remove “FULL” stub from oxygen ticket on tank.
- **“IN USE” stub will remain on oxygen ticket.**
- Chart time oxygen was started, method of administration, liter flow, indication for use and patient’s response in the Physical Health Progress Notes of the medical record.
- Nursing staff bring empty oxygen tank to the Nursing Supervisor’s office. During business hours, the Garage will deliver and exchange the O₂ tank. After hours, contact Agency Police (x-5555).

3. Procedure for the Companion O₂ Portable Unit

- Note: The Companion 1000 Unit is used for patients requiring oxygen off the unit, ambulating on the unit or in a wheelchair on the unit. Companion 1000 is supplemental and is not to be considered life-supporting and should not be used during medical emergencies.
- Portable O₂ is delivered “full” to the patient’s unit by the Agency Fire Department **Monday- Friday during normal operating hours**(Call x5555 to make arrangements) **or by calling the Nurse Supervisor to make arrangement to fill the unit during off hours and Weekend and Holidays.** The Companion O₂ Portable Units will remain on the units for the designated patient in need.
- Check the liquid oxygen contents indicator by placing the unit on the floor with the bottom end down **and lift it up by the carrying strap.**
- The O₂ fill indicator needs to be read at the change of each shift.
- If the O₂ indicator reaches 1000 psi, the Nurse notifies the Telecommunication Operator(x5555) **or the Nursing Supervisor** that the exchange is needed.
- If a patient requires portable O₂ only for an off unit appointment or activity, it should be arranged by Central Supply in advance of the need, if possible.
- Place the oxygen tube on the oxygen adapter and adjust the cannula to receive oxygen comfortably.
- Turn the flow controller to the prescribed rate.
- The patient may wear the portable O₂ on either side of the body, either over the shoulder or across the body. An adjustable shoulder strap and pad are provided for maximum comfort.
- For patients provided with their own portable unit, replace and discard the cannula tubing daily on the first shift.

- Wipe down the outside of the portable unit with a dry cloth daily in order to prevent dust buildup.
- Document use of the Companion 1000 as it is used in the Physical Health Progress Notes of the medical record.
- Educate the patient regarding safe use of the equipment and document the patient's understanding in the nursing note.
- When not in use, cover the portable unit to ensure cleanliness.

4. Procedure for Long-Term Oxygen Therapy:

The Unit RN will notify Central Supply of need for long-term oxygen therapy.

Central Supply will notify vendor for need of Oxygen Concentrator.

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, face mask or BVM on patient and adjust for proper fit.
- Label tubing with date & time oxygen was started.
- Place "Oxygen in Use" sign on door of patient's room.
- 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 was started, method of administration, liter flow, indication for use and patient's response in the Physical Health 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 Unit RN **calls the hospital's Communication Center, who will arrange for the garage to deliver a replacement tank. After regular business hours, the Campus Police will deliver a full E tank to the ward and will take the empty tank back to the storage room behind Woodward Hall.**