



Oxygen Therapy Protocol

A UMC Health System Performance Improvement Initiative for use in all units where patients receiving oxygen are admitted

Initiate Guidelines for Short-term oxygen therapy (post-op recovery) Floor Care

- Pulse Oximeter at bedside for continuous monitoring
- Spot check SpO₂ every 12 hours as needed for oxygen titration

Goal: Increase the SpO₂ and or the PaO₂

If at anytime the FIO₂ must be increase >0.40 the physician will be notified

- Indication: O₂ Saturation of less than 93% for normal lung on room air
- O₂ Saturation of less than 90% on diseased lung on room air

Definition of hypoxemia PaO₂ of < 60 or SpO₂ < 90%

Clinical signs of hypoxia (e.g. tachycardia, tachypnea, dyspnea, cyanosis diaphoresis, confusion, or chest pain

- Pulmonary History - COPD/Asthma
 - RCP Assessment
 - Notify physician for RCP
- No Pulmonary History
 - O₂ Saturation < 93%
 - Place patient on Oxygen to maintain Spo₂ ≥ 93%
 - O₂ > than 40% notify physician
 - Monitor every 12 hours
 - Titrate O₂ to maintain a SP0₂ ≥ 93%
 - Room Air SpO₂ ≥ 93% for 24 hours and no clinical symptoms of hypoxemia or indications for O₂
 - Discontinue Oxygen therapy