# VALLEYCARE OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS DEPARTMENT OF NURSING POLICY & PROCEDURE

NUMBER: 1010 VERSION: 1

SUBJECT/TITLE: OXYGEN THERAPY

MD ORDER: YES [X] NO []

POLICY: Oxygen therapy will be provided to patients requiring it as part of their

prescribed treatment plan in a safe and effective manner.

**PURPOSE:** To clearly define the procedure used by clinical care personnel when delivering

oxygen therapy to patients

**DEPARTMENTS:** NURSING, Respiratory Therapy

**DEFINITIONS:** 

## PROCEDURE: <u>STEPS/KEY POINTS:</u>

- 1. Low flow oxygen via nasal cannula (≤4LPM) does not require a bubble humidifier. A humidifier should be used only if the patient complains of nasal drying or a sore throat.
- 2. Pre-filled, disposable humidifiers are provided for single patient use and are replaced as needed.
- 3. In addition to the crash cart oxygen tank, one standby oxygen unit should be available on the units at all times.

### **OXYGEN DELIVERY:**

# 1. Nasal cannula:

- a. Connect the cannula to the humidifier. Before placing the cannula on the patient, turn the flow meter to 5 liters and allow the oxygen to flow freely for 30 seconds. This will flush the cannula and tubing of any debris and prevent possible aspiration.
- b. Set rate of oxygen flow as ordered by physician (maximum oxygen flow for the nasal cannula is 6 liters per minute, unless directed otherwise by the physician.

### 2. Oxygen Mask (simple):

a. Observe the patient frequently to assure the mask is properly

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positioned over the nose and mouth. Set the flow meter to a minimum of 5 liters.

- b. If patient does not seem to improve, based on parameters as ordered by the physician e.g. respiratory rate and/or oxygen saturation,, notify the physician and then call Respiratory Therapist immediately to evaluate the patient.
- c. Documentation requirements are missing from the procedure

References:	
Approved by: Dellone Pascascio (Chief Nursing Officer), Edward	Date: 03/06/2015
Richard Lind (Chief of Respiratory Therapy)	
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