

Oxygen/Oximetry Protocol

Step 1: Administration of O₂ automatically activates Oxygen/Oxim Pathway for Med-Surg status patients.
 * See exclusions to verify if patient qualifies.

Exclusion Criteria
 Patients with one or more of the following:
 • Risk of apnea/bradycardia episodes, reflux, cyanosis or seizures.
 • Abnormal hemoglobin or anemia.
 • Chronic CO₂ retention
 • Procedures that have risk of desaturation

Step 2: Assess Patient. Perform Spot Check on RA for 5 minutes, if possible.

RA SpO₂ ≤ 85%
 ↑ 'd WOB, abnormal Hgb
 (patient quiet, with good wave form on monitor)

Place on O₂
 Titrate to SpO₂ > 90%

Please notify RT if:
 SpO₂ does not increase above 85% in 5 minutes.

Worsening patient status based on continued assessment.

Consider activating R.A.T.

RA SpO₂ ≤ 90%
 ↑ 'd WOB,
 (patient quiet, with good wave form on monitor)

Place on O₂
 Titrate to SpO₂ > 90%

O₂ ≤ 40%
 or ≤ 3 LPM

SpO₂ Q2^o then Q4^o
 PRN and status ▲.

Titrate O₂ to keep SpO₂ > 90%, when pt. back to RA go to step 2.

O₂ > 40%
 or > 3 LPM

Place on Continuous Pulse Oximeter.
 Record SpO₂ with VS, PRN and status ▲.

Wean O₂ until O₂ ≤ 40%
 or ≤ 3 LPM

RA SpO₂ > 90%
 normal WOB and Hgb
 (patient quiet, with good wave form on monitor)

Leave on RA per protocol.
 Continuous Pulse Oximeter not needed.

Re-assess with status ▲ or continue spot checks as ordered.

Discontinue Protocol
 * See bottom of page

All Known Heart Patients
 • Cyanotic Heart Disease
 • Pulmonary Hypertension

Notify Attending LP and obtain orders for:
 1. SpO₂ limits
 2. Titration

• Maintain SpO₂ @ set limits.
 • Maintain/Titrate O₂ per LP order.
 • Record SpO₂ Q4^o, PRN, and with status ▲ unless continuous pulse oximeter ordered.

*LP or RT can discontinue protocol when patient has been on RA for 12 hours with SpO₂ < 90% x 2 checks, while sleeping.