

<p><b>Status: Guideline:</b> offers direction and guidance on good practice, need not necessarily be strictly adhered to.</p>	<p><b>Policy No: AO 01</b> <b>Version No: 0</b> <b>Date Approved: 01/03/11</b> <b>Review Date: 01/03/13</b></p>
<p><b>Title:</b> Guidelines for the Administration of Oxygen</p>	
<p><b>Written by:</b> Maggy Blake, Practice Development Coordinator</p>	
<p><b>Approved by:</b> National Risk Management Committee</p>	
<p><b>Cross Reference:</b> ICG 02</p>	

## 1.0 Purpose

The purpose of this guideline is:

- To ensure the safe administration of oxygen to Cheshire Ireland service users.
- To ensure consistency of practice with oxygenation.
- To minimise occurrences of complication in administration of oxygen.
- To minimise the risks associated with handling of oxygen.

## 2.0 Scope

This guideline refers to all Cheshire service users who require oxygenation.

## 3.0 Responsibility

- It is the responsibility of all care/support and nursing staff involved in administering oxygen to Cheshire service users to have the necessary knowledge and practical skills to carry out the procedure safely.
- It is the responsibility of service managers to ensure care/support staff who are involved in administering oxygen have successfully completed Cheshire Ireland approved instruction, and have clinical supervision and support by the community health team of Tracheostomy Nurse Specialist /Community Physiotherapist.
- It is the responsibility of service managers to ensure relevant staff are familiar with the guideline.
- It is the responsibility of the designated nurse to have and to supervise up to date competencies of care/support staff and to monitor compliance.

#### **4.0 Points for Practice**

- Oxygen is highly flammable.
- An oxygen cylinder has a black base with white shoulders.
- Oxygen tubing may come in pre-packed lengths as a continuous role with a 'bubble' (widened portion) at regular intervals. To ensure a secure fit onto the flow meter and mask, cut through the centre of the bubble and then further trim as necessary. The length should allow freedom of movement for the service user but should not be so long that it may become kinked or touch the floor.
- With the exception of emergency situations, oxygen therapy must be prescribed by the doctor. The prescription should specify the mode of delivery mask or cannula, the flow rate and the percentage of oxygen to be used.
- If nasal cannulae are used, the flow of oxygen must not exceed 4l/per min or it will damage the nasal mucosa.
- The centre of the ball in the flow meter must sit at the level of the flow rate prescribed.
- Oxygen therapy dries the mucous membranes of the mouth. Frequent drinks should be taken or frequent mouth care provided if the oxygen is not being humidified.
- If a service user experiences cannulae or mask discomfort, ensure correct placement. Applying padding around head strap or bridge of nose may relieve pressure.
- To maintain safety ensure that oxygen does not become detached from flow meter and ensure that no kinks or loops arise in tubing.
- Service users, staff and visitors must be made aware of the dangers of smoking when oxygen is being used.
- Oxygen therapy and changes in treatment or care must be documented in the Best Possible Health Plan.

#### **5.0 Guidelines**

##### **5.1 Equipment**

- Oxygen cylinder
- Oxygen tubing
- Prescription chart
- Mask or nasal cannula as prescribed.

##### **5.2 Important Points regarding Equipment**

- Tubing and masks may be reused several times for the same service user. They can be washed in warm water and detergent and dried thoroughly and should be disposed of in the clinical waste if no longer required.
- Ensure that a replacement cylinder is available when the volume indicator gauge shows a quarter full.

### 5.3 Guidelines

Ensure that there is no naked flame or smoking in the area where oxygen is to be used.

- Assemble the necessary equipment.
- Engage with the service user to explain the procedure and gain consent.
- Wash and dry hands thoroughly (Ref: Guidelines for Hand Hygiene, ICG02).
- Position service user in an upright position or lying comfortably. Encourage service user to cough or expectorate to help maintain clear airway.
- Turn on oxygen flow meter and set the flow rate.
- Place the mask over the service user's nose and mouth with the elastic strap over the ears to the back of the head. Adjust the length of strap to ensure the mask fits safely.
- If using nasal cannulae, place 2cm of tubing into the service user's nostrils; the other tubes go over the ears and either under the chin and behind the head.
- Ensure continual reassurance is given to the service user and assess for change.
- When breathing is regular, rhythmic and not laboured, oxygen therapy can be ceased, or on occasion if the service user requests.
- Offer drinks or mouth care regularly during oxygen administration.
- Be aware that the mask makes communication difficult, i.e. service user may not hear carer and carer may not hear service user.
- Mobilise service user with portable oxygen cylinder if appropriate.
- If you administer oxygen to a service user, it is your responsibility to ensure the oxygen is removed at the appropriate time. Do not assume another person will remove the oxygen.
- Ensure the service user is comfortable.
- Wash and dry hands thoroughly.
- Put away all equipment. Some drugs (e.g. insulin) must be kept in the refrigerator.
- It is important to follow the oxygen administration in the time allocated. This is a general guideline but it can be tailored to suit an individual service user's needs as the General Practitioner instructs.
- Document the procedure in the service user's medication administration sheet Best Possible Health Oxygen care plan.

### 4.0 Health and Safety

- Ensure that there are no naked flames or smoking in the area where

oxygen is being used.

- Prevent oxygen enrichment by ensuring that equipment is leak tight and in good working order.
  - Check that the area where oxygen is being administered is well ventilated.
  - Always open oxygen cylinder valves slowly.
  - Do not use oil or grease to lubricate oxygen equipment.
- 
- Check that fire extinguishers are in good condition and ready for use.
  - Check that escape routes are clear.
  - Always use safe manual handling principals when handling or moving oxygen cylinders.

## 6.0 Appendices

## 7.0 References

HSE Leaflet, '*Take Care with Oxygen*'

Dougherty, L. & Lister, S. (Eds.) (2004) *The Royal Marsden Hospital Manual of Clinical Nursing Procedures, 6<sup>th</sup> Ed.* Blackwell Pub, Oxford

Nicol, M., Bavin, C., Bedford-Turner, S., Cronin, P. & Rawlings-Anderson, K. (2004). *Essential Nursing Skills*. Mosby, United Kingdom.

*Watsons Medical-surgical Nursing and Related Physiology* Edited Joan A Royale and Mike Walsh.