# Oxygen Administration

## Purpose
The purpose of this procedure is to provide guidelines for safe oxygen administration.

## Preparation
1. Verify that there is a physician’s order for this procedure. Review the physician’s orders or facility protocol for oxygen administration.
2. Review the resident’s care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## General Guidelines
1. Oxygen therapy is administered by way of an oxygen mask, nasal cannula, and/or nasal catheter.
   a. The oxygen mask is a device that fits over the resident’s nose and mouth. It is held in place by an elastic band placed around the resident’s head.
   b. The nasal cannula is a tube that is placed approximately one-half inch into the resident’s nose. It is held in place by an elastic band placed around the resident’s head.

## Equipment and Supplies
The following equipment and supplies will be necessary when performing this procedure.

1. Portable oxygen cylinder (strapped to the stand);
2. Nasal cannula, nasal catheter, mask (as ordered);
3. Humidifier bottle;
4. “No Smoking/Oxygen in Use” signs;
5. Regulator; and
6. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Assessment
Before administering oxygen, and while the resident is receiving oxygen therapy, assess for the following:

1. Signs or symptoms of cyanosis (i.e., blue tone to the skin and mucous membranes);
2. Signs or symptoms of hypoxia (i.e., rapid breathing, rapid pulse rate, restlessness, confusion);
3. Signs or symptoms of oxygen toxicity (i.e., tracheal irritation, difficulty breathing, or slow, shallow rate of breathing);
4. Vital signs;
5. Lung sounds;
6. Arterial blood gases and oxygen saturation, if applicable; and
7. Other laboratory results (hemoglobin, hematocrit, and complete blood count), if applicable.

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Steps in the Procedure

1. Wash and dry your hands thoroughly.
2. Place an “Oxygen in Use” sign on the outside of the room entrance door. Close the door.
3. Remove all potentially flammable items (e.g., lotions, oils, alcohol, smoking articles, etc.) from the immediate area where the oxygen is to be administered.
4. Unless otherwise instructed, unplug and/or relocate all electrical devices (e.g., radios, televisions, electric shavers, etc.) in the immediate area where oxygen is to be administered.
5. Remove any woolen blankets, nylon and/or rayon clothing, etc., from the immediate area where oxygen is to be administered.
6. Turn on the oxygen. Unless otherwise ordered, start the flow of oxygen at the rate of 2 to 3 liters per minute.
7. Place appropriate oxygen device on the resident (i.e., mask, nasal cannula).
8. Adjust the oxygen delivery device so that it is comfortable for the resident and the proper flow of oxygen is being administered.
9. Securely anchor the tubing so that it does not rub or irritate the resident’s nose, behind the resident’s ears, etc.
10. Check the mask, tank, humidifying jar, etc., to be sure they are in good working order and are securely fastened. Be sure there is water in the humidifying jar and that the water level is high enough that the water bubbles as oxygen flows through.
11. Observe the resident upon setup and periodically thereafter to be sure oxygen is being tolerated (see “Assessment”).
12. Periodically re-check water level in humidifying jar.
13. Discard used supplies into designated containers.
14. Discard personal protective equipment in designated receptacles. Wash and dry your hands thoroughly.
15. Reposition the bed covers. Make the resident comfortable.
16. Place the call light within easy reach of the resident.
17. If the resident desires, return the curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
18. Instruct the resident, his/her family, visitors and roommate (if any) of the oxygen safety precautions.
19. Wash and dry your hands thoroughly.

Documentation

After completing the oxygen setup or adjustment, the following information should be recorded in the resident’s medical record:

1. The date and time that the procedure was performed.
2. The name and title of the individual who performed the procedure.
3. The rate of oxygen flow, route, and rationale.
4. The frequency and duration of the treatment.
5. The reason for p.r.n. administration.
6. All assessment data obtained before, during, and after the procedure.
7. How the resident tolerated the procedure.
8. If the resident refused the procedure, the reason(s) why and the intervention taken.
9. The signature and title of the person recording the data.
1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

### References

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<th>MDS (RAPs)</th>
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<tr>
<td>Survey Tag Numbers</td>
<td>F328</td>
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| Related Documents | Oxygen Safety (Appendix A)  
| | Pulse Oximetry (Assessing Oxygen Saturation) |
| Risk of Exposure | Blood–Body Fluids–Infectious Diseases–Air Contaminants–Hazardous Chemicals |
| Revised |  
| Date:________________ | By:________________ |
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