

Policy and Procedure for the Administration of Oxygen Therapy

Purpose

- To ensure the safe administration of oxygen to service users within the home.
- To ensure consistency of practice with oxygenation.
- To minimize complications that may occur in administering oxygen.
- To minimize the risks associated with handling oxygen.

Scope

These guidelines refer to all service users who require oxygen within the home

Responsibility

- It is the responsibility of all healthcare professionals involved in administering oxygen to service users to have the necessary knowledge and practice skills to carry out the procedure safely.
- It is the responsibility of homecare managers to ensure all healthcare staff who are involved in administering oxygen have successfully completed approved instruction and have clinical supervision and support by homecare managers.
- It is the responsibility of homecare managers to ensure relevant staff are familiar with all guidelines.
- It is the responsibility of the homecare manager to have and to supervise up to date competencies of the healthcare worker and to monitor compliance.

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 roll 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 a doctor. The prescription should specify the mode of delivery mask or cannula, the flow rate and the percentage of oxygen to be administered.
- If a nasal cannula is used the flow of oxygen must not exceed 4 liters per minute 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 and / or frequent mouth should be provided if the oxygen is not being humidified.
- If a service user experiences nasal cannula or mask discomfort, ensure correct placement. Apply padding around the head strap or bridge of the nose may relieve pressure.
- To maintain safety ensure that oxygen does not become detached from the flow meter and ensure that no kinks or loops arise in tubing.

- Service users, healthcare workers and family members 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.
- 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 if no longer required.
- Ensure that a replacement cylinder is available when the volume indicator gauge shows a quarter full.

Procedure for the Administration of Oxygen

Equipment Required:

1. Oxygen Cylinder
2. Oxygen Tubing
3. Prescription Chart
4. Mask or Nasal Cannula as preferred

Procedure for administering oxygen

- Ensure that there is no naked flame or smoking in the area where the oxygen is to be used.
- Assemble the necessary equipment.
- Engage with the service user to explain the procedure and gain verbal consent.
- Wash and dry hands as per infection control guidelines.
- Position service user in an upright position or lying comfortably. Encourage the 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 the strap to ensure the mask fits safely.
- If using a nasal cannula, place 2 cm of tubing into the service user's nostrils, the other tubes go over the ears and either under the chin or behind the head.
- Ensure continual reassurance is given to the service user and assess for change.
- When breathing is regular, rhythmic and not labored, oxygen therapy can be ceased on occasion if the service user requests or as per doctor's prescription.
- Offer drinks or mouth care regularly during oxygen therapy if oxygen is not being humidified.
- Be aware that the mask makes communication difficult for example, the service user may not be able to hear the homecare worker or the homecare worker may not be able to hear the service user.
- Mobilise service user with portable oxygen cylinder is applicable.
- It is the homecare worker that has administered the oxygen therapy, responsibility to ensure that the oxygen is removed at the appropriate time or to handover clear and precise instructions to the homecare worker taking over.
- Ensure the service user is comfortable.
- Wash and dry hands thoroughly as per infection control guidelines.
- Put away all equipment.
- It is important to follow the oxygen administration in the time allocated. This is a general procedure but it can be tailored to suit an individual service user's needs as per the doctor's instructions.
- Document the procedure in the Touchstone homecare Care plan folder.

Health and Safety

- Ensure that there are no naked flames or smoking in the area where the oxygen is being administered.
- Prevent oxygen enrichment by ensuring that equipment is leak tight and in good working order.
- Check that the area where the oxygen is being administered is well ventilated.
- Always open oxygen cylinder valves slowly.
- Do not use oil or grease to lubricate the oxygen equipment.
- Check that all fire extinguishers are in good condition and are ready for use.
- Check that all pathways are obstruction free in case of emergency.
- Always use safe manual handling practice when handling or moving oxygen cylinders.