7.5 ACUTE OXYGEN THERAPY

In acutely ill patients oxygen should be prescribed to achieve normal or nearly normal levels of oxygen in the blood. This does not apply to some patients with respiratory failure who have high levels of carbon dioxide in the blood.

Overarching Standard 50:

Acute Oxygen Therapy
All acutely ill patients, apart from those at risk from hypercapnic respiratory failure, should have oxygen prescribed to achieve a normal or near normal oxygen saturation

Rationale:
There are hazards associated with both the overuse and underuse of oxygen therapy. These can be avoided by having safe processes for prescribing and monitoring oxygen therapy.

Evidence:
British Thoracic Society (BTS) (2008) Guideline for emergency oxygen use in adult patients http://www.brit-thoracic.org.uk/Portals/0/Clinical%20Information/Emergency%20Oxygen/Emergency%20oxygen%20guideline/EmergencyOxygenSupplement_web.pdf

Responsibility for delivery / implementation

HSC Board
Public Health Agency
HSC Trusts

Quality Dimension

1. Oxygen saturation should be measured in hospital in all patients who are breathless or critically ill.
2. Supplemental oxygen should be given to all these patients who are hypoxaemic except from those at risk from hypercapnic respiratory failure.
3. All oxygen use should be recorded on standard oxygen prescription document or designated oxygen section on all drug prescribing cards.

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Establish a system in all hospitals for a standard oxygen prescription document or designated oxygen section on drug prescribing cards	HSC Trust report	All HSC Trusts	March 2011