

Adult Pulse Oximetry Monitoring

OXYGEN MONITORING

Pulse Oximetry Monitoring

The use of pulse oximetry allows for monitoring and assessing a patient's oxygen status. Due to the need of increased oxygen use secondary to COVID 19, a practice change in the use of pulse oximetry monitoring is required. The following are recommendations for the use of pulse oximetry:

- Maintain acceptable pulse oximetry values between 92-96% by ensuring acceptable flow rate and FiO₂.
- Different pulse oximetry values may be ordered by provider based on patient base-line disease process. (i.e. COPD)
- Understand the need for both intermittent and continuous pulse oximetry monitoring.
- Continuous pulse oximetry should be used on all ICU status patients.
- Always evaluate the patient clinically and use critical thinking. If the patient demonstrates signs of increased work of breathing despite adequate oximetry values, inform the physician.

Guidelines:

1. For patients receiving ≤ 6 LPM and who have remained clinically stable on a set flow rate, intermittent pulse oximetry checks should be performed during each respiratory and nursing assessment.
 - Ensure proper cleaning of pulse oximetry equipment between each room.
2. If a patient requires > 6 LPM, consider continuous pulse oximetry or increase the frequency of intermittent pulse oximetry checks to ensure adequate oxygenation.
3. If patient's oxygen requirements exceed 10 LPM, the use of continuous pulse oximetry is required
 - Exception: if the patient is in Comfort Care/Inpatient Hospice
4. If patient is receiving high flow O₂ or bilevel non-invasive ventilation, the use of continuous pulse oximetry is required.
5. If a patient's oxygen requirements increase by ≥ 4 LPM, contact the provider and/or respiratory therapist or consider using rapid response team (RRT) for further recommendations.