

Sullivan County Department of Public Health

<p><u>Title:</u> Oxygen Therapy</p> <p><u>Number:</u> CP-44</p> <p><u>Page Number:</u> 1 of 2</p>	<p>Original Approval: 7 / 0 1</p> <p>Reviewed/ revised: 9/02, 9/05, 11/18, 5/22, 2/24</p>
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Statement/ Purpose:

To provide guidelines for the proper use of oxygen in the home.

Authority:

Reference to the regulation, rules and/or policy directives that governs the policy.

Application:

All direct care staff: RN, PNT, PT/ PTA, OT/ COTA, ST, MSW, HHA.

Terminology:

n/a

Responsible Party:

Training and Quality Improvement Coordinator

Cross-Reference:

Hand hygiene, universal precautions.

Procedure:

1. Perform hand hygiene
2. Verify order for oxygen therapy.
3. Explain the procedure to the patient. Instruct patient/ caregiver(s) the reason for treatment, symptoms to report to medical personnel, safety measures to following in the home. Reinforce DME supplier's instructions on the care of equipment.
4. Instruct patient or caregiver(s) to inspect skin surface every two hours at pressure points for signs of redness and irritation and teach appropriate techniques of intervention.
5. Instruct patient/caregiver(s) on nasal care if irritation develops to use water soluble lubricant like K-Y Jelly to lubricate (not petroleum-based lubricant).
6. Instruct patient or caregiver(s) to change all tubing and catheters at least every week, or sooner, if indicated and to wash hands prior to doing so.
7. Instruct patient or caregiver(s) regarding mouth care.
8. All family members should be warned about smoking hazards, not to allow visitors to smoke, and not to allow the patient to smoke. OXYGEN signs should be posted on all exterior doors, and will be provided by the vendor. Inform patient/family of other safety hazards using information outlined on Sullivan County Department of Public Health Certified Home Health Agency (SCDPH CHHA) Risk assessment. Provide copy, found in Start of Care folder.

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9. Telephone numbers of Provider, CHHA, and DME supplier will be provided and displayed in a place of easy visibility.
10. Instruct patient/caregiver(s) to notify electric company that oxygen is being used.
11. Discontinuation of oxygen therapy will be based on PCP's evaluation of patient improvement or non-compliance, and patient will be given an explanation of the discontinuation. The PCP will provide the order to discontinue the oxygen. The DME supplier is notified to pick up the equipment. NO SMOKING /OXYGEN signs to be removed.
12. Provide patient/caregiver oxygen teaching material.
13. Notify Intake that patient is on home oxygen and their supplier. Intake will notify DME supplier and obtain information re: type of device, number and size of back-up tanks, delivery schedule; note same in Case Communications titled "DME Oxygen Information".
14. DOCUMENTATION:
 - a. Document teaching performed and patient/ caregiver(s) response. Document all related safety hazards in the home and recommendations for solution. Note refusal to comply with safety recommendations in the clinical record. Supervision and PCP are to be notified immediately for Risk management and interventions, with APS referral generated as appropriate. Document in Case Communication, with note titled "Oxygen safety non-compliance". For HHA/PTA/LPN: notify supervision immediately
 - b. Document Acuity level Red/Oxygen dependent.
 - c. Document DME supplier in Associated Facilities.
 - d. At start of care visit, the Public Health clinician is to review the "Oxygen Safety" Acknowledgment form and have the patient sign it.
 - e. At each subsequent visit, the "Oxygen Check List" is to be completed by the clinician as part of the visit documentation.
 - f. Document in COS notes every 2 weeks.