

### **Summary of Guideline for hospital use**

Oxygen is a drug and should be prescribed

Oxygen should be prescribed to achieve target saturations of 94-98% for most acutely ill patients or 88-92% for those at risk of hypercapnic respiratory failure.

The target saturations should be ringed on the drug chart or prescribed electronically using the guidance on Chart 1.

A target saturation should be set for all patients at the time of admission to hospital. This will allow nurses and other clinicians to know that target range to aim for if the patient should deteriorate suddenly.

In some specific circumstances such as palliative care, target saturations and monitoring are not appropriate. This option may be ticked on the drug chart. This option is not appropriate for other patients e.g. in post-operative situations.

Oxygen should be administered by nursing staff or other trained clinicians such as physiotherapists using appropriate delivery devices and flow rates in order to achieve these saturations (Chart 2).

Oxygen should be signed for on the drug chart (with delivery order) at the drug rounds.

Oxygen saturations with delivery device codes should be recorded on the monitoring charts.

Oxygen delivery devices and/or flow rates should be adjusted to keep the oxygen saturation in the target range.

Oxygen therapy should be reduced and eventually discontinued in stable patients with satisfactory oxygen saturation.

Having a prescribed target range for all patients will allow supplemental oxygen to be re-instated if the saturation should fall (but the fall in saturation will require clinical re-assessment).

The full guideline can be found at:

<https://www.brit-thoracic.org.uk/quality-improvement/guidelines/emergency-oxygen/>

BTS Guideline for oxygen use in adults in healthcare and emergency settings  
O'Driscoll BR et al Thorax 2017; 72: Suppl 1 i1-i89

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