



PROCEDURE	
Oxygen administration (prescribed)	
Scope (Staff):	Community Health Nurses
Scope (Area):	CAHS-CH, WACHS

This document should be read in conjunction with this [DISCLAIMER](#)

Aim

To guide staff on the administration of oxygen prescribed for clients in the Education Support setting.

Risk

Inappropriate administration of oxygen may lead to poor health outcomes.

Background

An appropriate level of oxygen is vital to support cell respiration. The goal of oxygen delivery is to maintain targeted SpO₂ levels in children and young people through the provision of supplemental oxygen in a safe and effective way.¹

Some clients will be prescribed continuous oxygen therapy, whereas others will be prescribed oxygen administration under certain circumstances as outlined in their Client health care plan. Oxygen should only be administered to achieve target oxygen saturation levels² as prescribed by a medical practitioner.

For more information on respiratory diseases and indicators for the commencement of supplemental oxygen therapy refer to Child and Adolescent Health Services (CAHS - PCH) *Oxygen Administration Guideline*.³

Key Points

- All nurses administering medications are required to complete Medication Safety eLearning in accordance with their relevant frameworks;
 - Child and Adolescent Community Health Practice Framework – Community Health Nurse (School).
 - WACHS Nursing Learning Framework.
- Clients prescribed oxygen therapy will have appropriate guidance on the concentration of oxygen required to achieve targeted saturation ranges (via a simple mask or nasal prongs) documented in their Client health care plan.
- The Client health care plan must be current and outline specific oxygen requirements for baseline and emergency management.

- Community health nurses must follow the organisation's overarching infection prevention and management policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.
- Nurses will be aware of safety consideration for the storage of the client's additional cylinders at school if required. Cylinders belonging to individual clients should be labelled with the client's name.
- Generic oxygen stored at the school is the responsibility of the school to maintain and not to be used by nurses for clients unless documented in the Client health care plan.

Equipment

Where a client requires oxygen therapy, the parent/caregiver is required to supply the necessary equipment which has been maintained according to the manufacturer's specifications:

- Oxygen cylinder and flow meter gauge.
- Pulse oximeter.
- Green or clear oxygen tubing (as per *Oxygen and Suction Equipment Maintenance* procedure).
- Hudson or other simple mask or nasal prongs (plus spares) as specified on the Clients health care plan.
- Adhesive tape – optional.

Section A: Client receiving continuous oxygen administration

Steps	Additional Information
<p>1. Arrival at school</p> <ul style="list-style-type: none"> • Check client identity. • Check Client health care plan for oxygen requirements. • Check appropriate equipment has been supplied to support the client's oxygen needs for the school day. • Check oxygen is flowing freely and ensure the oxygen tube is patent. • Observe the client's skin for signs of pressure or irritation. 	<ul style="list-style-type: none"> • Check the oxygen indicator to ensure there is sufficient oxygen in the cylinder when the client arrives at school. • If there is insufficient oxygen in the cylinder, request the parent/caregiver bring a spare oxygen cylinder to school. • Monitor clients mouth and nose for dryness.³ If this is noted contact the parent/caregiver and discuss care planning for this. • At least 5L/min via Simple/Hudson mask is required to prevent retention of carbon dioxide.³ • Maximum flow rate via nasal prongs is 3L/min for paediatrics and 4L/min for adolescents.³

Section B: Procedure for intermittent oxygen administration

Steps	Additional Information
<p>1. Preparation</p> <ul style="list-style-type: none"> • Check client identity. • Assemble and connect equipment. • Explain procedure to client. 	<ul style="list-style-type: none"> • Check the oxygen indicator to ensure there is sufficient oxygen in the cylinder when the client arrives at school. • If there is insufficient oxygen in the cylinder, request the parent/caregiver bring a spare oxygen cylinder to school. • Consent is evidenced by a signed, current Client health care plan.
<p>2. Administration</p> <ul style="list-style-type: none"> • Adjust flow to prescribed rate. • Observe the client's respiratory effort and assess the client as per Client health care plan. • Document findings in the progress notes. • Check oxygen is flowing freely and ensure the oxygen tube is patent. 	<ul style="list-style-type: none"> • Titrated oxygen therapy should be used to maintain oxygen saturations within targeted ranges as outlined in the Client health care plan. • A blockage in the tube may manifest as an increase in respiratory effort or respiratory distress. • Monitor clients mouth and nose for dryness.³ If this is noted contact the parent/caregiver and discuss care planning for this.
<p>2.1 Simple/Hudson Mask</p> <ul style="list-style-type: none"> • Place the mask on the face and adjust the strap to ensure an adequate seal over the mouth and nose. • Adjust flow to the client's required rate, as stated in the Client health care plan. 	<ul style="list-style-type: none"> • Ensure the client is comfortable. The mask should fit from the bridge of the nose to the cleft of the chin.³ Observe the client's skin for signs of pressure or irritation. • At least 5L/min is required to prevent retention of carbon dioxide.³
<p>2.2 Nasal prongs</p> <ul style="list-style-type: none"> • Insert prongs into the nose and secure with tape (client provided) on either side of the face. • Adjust flow rate to the client's required rate, as stated in the Client health care plan. 	<ul style="list-style-type: none"> • Observe the client's face, behind the ears and back of head for signs of pressure. • Ensure straps and tubing do not cause airway obstruction. • Nasal prongs should fill no more than 50% of the nares.³ • Replace the prongs if they become

Steps	Additional Information
	blocked with secretions. <ul style="list-style-type: none"> Maximum flow rate via nasal prongs is 3L/min for paediatrics and 4L/min for adolescents.³
3. In an emergency situation <ul style="list-style-type: none"> Call for an ambulance if the client has not positively responded to the administration of prescribed oxygen as outlined in the care plan. Complete clinical handover using the iSoBAR tool if a client is transported by ambulance. 	<ul style="list-style-type: none"> Contact the parent/caregiver as soon as possible, providing information relevant to the client's health status and current management. Inform the principal as soon as practical when an ambulance is called.

Documentation

Community health nurses will document relevant findings according to CAHS-CH and WACHS processes.

Documentation must include changes in the client's health status, clearly noting the clinical indicators leading to intermittent oxygen being used.

References

- Royal Children's Hospital. Oxygen delivery guideline. Melbourne Australia: The Royal Children's Hospital Melbourne; 2019.
- Lynes D, Kelly C. Acute oxygen therapy for patients in the community. *Nurs Stand.* 2013;27(21):63-8.
- Perth Children's Hospital. Oxygen Administration. In: *Clinical Practice Manual*, editor. Perth: Child and Adolescent Health Service; 2018.

Related policies, procedures and guidelines

The following documents can be accessed in the **Clinical Nursing Manual** via the [HealthPoint](#) link, [Internet](#) link or for WACHS staff in the [WACHS Policy](#) link

Acuity tool

Clinical Handover - Nursing

Student health care plans

The following documents can be accessed in the [CAHS-CH Operational Manual](#)

Abbreviations


Blood and Body Fluid Exposure Management
Client Identification
Deterioration in Health Status - Unexpected and Acute
Exposures to Blood and Body Fluids
Hand Hygiene
Health / Medical Record Documentation
Infection Control manual
Latex Minimisation
Medication Management in Education Support Schools
Standard and Transmission Base Precautions
The following documents can be accessed in the CAHS Policy Manual
Oxygen and Suction Equipment Maintenance (PCH)
Oxygen delivery (PCH)
The following documents can be accessed in WACHS Policy
The following documents can be accessed in the Department of Health Policy Frameworks
Clinical Handover Policy (MP0095)
Clinical Incident Management Policy (MP 0122/19)

Related CAHS-CH forms
The following forms can be accessed from the CAHS-Community Health Forms page on HealthPoint
Community Health Acuity Tool (CHS070)
Clinical Handover/Referral Form (CHS663)
Clinical Handover/Referral Form – Electronic (CHS663E)
Clinical Handover/Referral Form envelope (CHS663-1)
Community Health Progress Notes (CHS800C)
Medication Administration - editable (CHS414 – CAHS only)

Related CAHS-CH resources
The following resources can be accessed from the CAHS-Community Health Resources page on HealthPoint
Community health staff
Acuity (4 documents)
Child and Adolescent Community Health Practice Framework - Community Health Nurse (School)
Consumers

Related external resources
DOE Student Health Care

This document can be made available in alternative formats on request for a person with a disability.

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