



Medication Safety Series: MSS 10

Oxygen: Administration in an emergency

- The administration of oxygen with the purpose of saving a life is underpinned within schedule 19, Regulation 238 of the Human Medicines Regulations of 2012 which enables it to be administered without a prescription.
- Within TEWV we support the administration of oxygen in an emergency without the need for a prescription or patient group direction (PGD) by staff who have completed & are up to date with the appropriate resuscitation training.

When?

Oxygen should be administered in an emergency (for short-term emergency treatment of critically ill patients to prevent end-organ damage or cardiac arrest) in line with the [Trust Resuscitation policy](#) for the following:

- Hypoxaemia from any cause
- Airway obstruction
- Respiratory distress or compromise (including Chronic Obstructive Pulmonary Disease (COPD))
- Severe difficulty breathing through any cause
- Collapse from any cause
- Sudden unexplained loss of consciousness
- Coma
- Prolonged generalised seizure
- Major trauma
- Chest pain (refer to [Trust protocol](#) for appropriate use)
- Cardiac arrest

How?

Administration in an in-patient setting (or community setting if medical oxygen available):

- Give 15 litres per minute via a non re-breath mask (with reservoir) by inhalation or ventilation via a Bag Valve & Mask
- Aim to achieve 94-98% O₂ saturation (88-92% for patients with hypercapnic respiratory disease)
- A CD oxygen cylinder will last **30 minutes** ([Instructions for use are here](#))
- Ensure there is a spare cylinder on the unit or nearby

Record Keeping?

- Document the following on electronic patient record:
 - Date & time
 - Signs and Symptoms
 - **Non re-breathe oxygen mask or Bag Valve & Mask set up appropriately & attached to 15 litres/minute of oxygen**
 - Time medical staff / emergency services were called
 - Any other relevant information

Caution:

High flow oxygen is **contraindicated** in a **stable** patient with COPD due to possibility of hypercapnic respiratory failure.
However, in life threatening situations:
OXYGEN SHOULD NEVER BE WITHHELD - HYPOTENSION KILLS QUICKLY, HYPERCAPNIA KILLS SLOWLY

General guidance:

- **Do not** use oxygen during cardiac defibrillation
- **Do not** use oxygen near open flames, combustible or incandescent materials or other sources of heat
- **Do not** use excessive force when connecting or disconnecting oxygen equipment. Cylinder valves must be opened momentarily, prior to use, to vent any foreign matter from the outlet. Always open slowly. Close cylinder valves after use using only moderate force and release any remaining pressure in the regulator
- **Never** lubricate oxygen equipment as this is a fire risk. When opening valves, hands must be free of grease or oil. Both your hands and the patient's face and mouth must be free of greasy foodstuffs e.g., butter, spread or oil
- Unless small and portable, cylinders must always be moved with an appropriate type and size of trolley and be secured to a trolley or other suitable support when in use. Handle with care, do not allow to fall.
- Check expiry dates regularly and replace any cylinders / equipment before it is reached