## HACKETTSTOWN REGIONAL MEDICAL CENTER CARDIOPULMONARY OXYGEN ADMINISTRATION AND DOCUMENTATION

-----

Effective Date: March 2010 Policy No: 3B.003

Cross Referenced: Origin: Cardiopulmonary

Reviewed Date: 12/2012 Authority: Cardiopulmonary Manager

Revised Date: 12/2012 Page: 1of 1

\_\_\_\_\_\_

## **SCOPE**

All members of the Cardiopulmonary Department

## **PURPOSE**

To ensure proper administration and documentation of oxygen therapy to the hypoxic patient.

## **PROCEDURE**

This policy is in addition to the oxygen deficiency section as outlined in the Plan of Care (Section 3B Policy 2). This process will continue to be a shared responsibility with Nursing. Every 24 hours generally during the day shift defined as 7am – 7pm, each respiratory care practitioner will survey their assigned area. All patients utilizing oxygen will be noted and assessed. The respiratory therapist will then review each patient chart to ensure that oxygen has been ordered by the physician. Any needs/ issues will be communicated to the patient's nurse and physician as applicable.

Approved by: See signed Authority & Approval form

month / year Committee Name