

**PROCEDURE**

**TITLE: PULSE OXIMETRY**

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**PURPOSE:** To outline the steps in pulse oximetry.

**SUPPORTIVE DATA:** Potentially serious problems can be detected early with pulse oximetry before signs and symptoms develop.

**EQUIPMENT LIST:**

1. Finger clip
2. Ear clip
3. Adhesive sensor - neonatal, infant, or pediatric

**CONTENT:** PROCEDURE STEPS

KEY POINTS

1. Choose appropriate sensor.
2. Place sensor on appropriate location.
  - a. Use finger clip over nail bed on adult or co-operative child.
  - b. For infant or pediatric patient, use adhesive sensor over nail of large toe or over foot.
  - c. Ear clips are placed on ear lobe or upper outer ear with light toward head.
3. Document percentage of O<sub>2</sub> saturation in appropriate space on record. 97%-100% is the normal O<sub>2</sub> saturation.

There should be no nail polish or acrylic nails on finger. The finger clip is attached to Marquette Monitor. 1-3\* appear to indicate strength of pulse sensed. A slight movement of the sensor may alter reception.

Rub ear with alcohol and allow to dry before placing sensor on ear lobe.

Be aware SaO<sub>2</sub> values can be influenced by movement, low perfusion due to drugs, P.V.D., venous pulsation, outside light and anemia. Carbon monoxide poisoning produces a misleading SaO<sub>2</sub>. Subtle changes in patient's blood pressure, color, respiration and pulse rate may indicate need for pulse oximetry monitoring.