



# Collaborative Regional Benchmarking Group Oxygen delivery and humidification in Critical Care



**Aim:** To provide guidance on nursing care for the delivery of oxygen and humidification in Critical Care patients.

**Scope:** All adult patients in Critical Care

## Indications

The rationale for oxygen therapy is prevention of cellular hypoxia, caused by hypoxaemia (low PaO<sub>2</sub>), and thus prevention of potentially irreversible damage to vital organs. Indications may include :

**Acute Hypoxaemia** (pneumonia, shock, asthma, heart failure, pulmonary emboli)

**Ischaemia**

**Abnormalities in quality or type of haemoglobin**

**Pneumothorax**

**Post-operative state**

**Breathlessness is NOT an indication for oxygen therapy.**

**In emergencies, oxygen therapy at 100% can be delivered without a prescription pending medical review but must be documented in patient notes.**

## STANDARD of CARE

- 1 Oxygen must be prescribed (except in emergency situations).
- 2 Each patient should have a documented target saturation range.
- 3 Adequate patient monitoring is essential to avoid hypoxia and oxygen toxicity
- 4 Assess and consider humidification on all patients receiving oxygen
- 5 Oral Hygiene should be performed to maintain clean, moist and infection free mouth.

### Consider Humidification

- Oxygen therapy dries the airway, mouth and throat.
- Oxygen therapy delivered via a tracheostomy should **always** be humidified

### Oxygen Toxicity

- Unnecessary oxygen can cause harm and psychological dependence.
- Oxygen toxicity can lead to seizures, pain, cellular injury, ARDS, Atelectasis, diminished lung volumes

**Please see your units full guidelines for more information**

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