PROCEDURE

Oxygen administration (prescribed)

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<tr>
<th>Scope (Staff):</th>
<th>Community health staff working in Education Support</th>
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<td>Scope (Area):</td>
<td>CACH, WACHS</td>
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This document should be read in conjunction with this DISCLAIMER

Aim

To guide staff on the administration of oxygen prescribed for students to manage their chronic health condition 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 principle of supplemental oxygen therapy is to maintain oxygen supplies to the lungs and maintain an adequate oxygen supply to the tissues.1,2

Some students will be prescribed continuous oxygen therapy, whereas others will be prescribed oxygen administration under certain circumstances as outlined in their health care plan.

Targeted oxygen saturation ranges are dependent on the student’s individual circumstances1 and should be outlined in the student health care plan. For more information on respiratory diseases and indicators for the commencement of supplemental oxygen therapy refer to Student and Adolescent Health Services (CAHS) Oxygen Administration Policy.

Key Points

- Students 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)3,4, documented in their student health care plan
- Staff will be aware of infection control requirements and safety considerations for the storage of student’s additional cylinders at school if required.
- Student’s health care plan must be current and outline specific oxygen requirements for baseline and emergency management.
**Equipment**

Where a student 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
- Hudson or other simple mask (plus spares) or nasal prongs
- Adhesive tape (e.g. Fixamol) – optional.

**Procedure**

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<tr>
<th>Steps</th>
<th>Additional Information</th>
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| **1. Preparation**<br>- Assemble and connect equipment.<br>- Explain procedure to student.  
*Note: Not required for students on continuous oxygen administration as equipment will be in situ when student arrives at school.* | Check there is sufficient oxygen in the cylinder when the student arrives at school.  
If there is insufficient oxygen in the cylinder, request the parent bring a spare oxygen cylinder to school. |
| **2. Administration**<br>- Adjust flow to prescribed rate.<br>- Observe the student’s respiratory effort and assess the student as per student health care plan.<br>- Document findings in the progress notes.<br>- Check oxygen is flowing freely and ensure the oxygen tube is patent. | Titrated oxygen therapy should be used to maintain oxygen saturations at within targeted ranges.  
A blockage in the tube may manifest as an increase in respiratory effort or respiratory distress.  
Excessive oxygen flow can lead to drying of the nasal and pharyngeal mucosa. If necessary, a mouth and/or nasal toilet may be required. |
| **2.1 Simple Mask**<br>- Place the mask on the face and adjust the strap to ensure an adequate seal over the mouth and nose.<br>- Adjust flow to the student’s required rate, as stated in the student’s health care plan. | Ensure the student is comfortable with freedom of movement. The mask should fit from the bridge of the nose to the chin. Observe the student’s skin for signs of pressure or irritation. At least 5L/min is required to prevent re-breathing carbon dioxide. |
2.2 Nasal prongs

- Insert prongs into the nose and secure with tape on either side of the face.
- Adjust flow rate to the student’s required rate, as stated in the student’s health care plan.

Observe the student’s face, behind the ears and back of head for signs of pressure. Replace the prongs if they become blocked with secretions.

3. In an emergency situation

- When the student has not positively responded to the prescribed oxygen outlined in the care plan, call for an ambulance.
- Document relevant findings as soon as practical in the progress notes.
- In the event that the student requires transfer to a hospital complete a clinical handover using ISOBAR.
- Contact the parents/caregiver as soon as possible, providing information relevant to the student’s health status and current management.
- Inform the principal when an ambulance is called.

Documentation

Community staff will document relevant findings according to local processes.

References


## Oxygen administration

### Related internal policies, procedures and guidelines

Student Health Care Plans - accessed in **CACH Community Health Manual via HealthPoint or the Internet**

The following documents can be accessed in the CACH Operational Policy Manual via **HealthPoint**

- Client Documentation
- Clinical Handover

The following documents can be accessed in the CAHS Policy Manual via **Health Point**

- Infection Control
- Occupational Safety and Health

The following documents can be accessed in the PMH Clinical Practice Manual via **Health Point**

- Oxygen Administration
- Oxygen Delivery Devices
- Oxygen and Suction Equipment Maintenance

### Useful Resources


**Type II Respiratory Failure**
Oxygen administration

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

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