

## Oxygen safety in hospitals: information for nurses, midwives and Allied Health Professionals (AHPs)

In September 2009, the National Patient Safety Agency (NPSA) issued a Rapid Response Report (RRR) to all hospital settings with actions to improve oxygen safety. Full details are available from [www.nrls.npsa.nhs.uk/alerts](http://www.nrls.npsa.nhs.uk/alerts).

### Why did the NPSA do this?

Oxygen is one of the most common medicines used in hospital settings and should always be prescribed – except in emergencies, where oxygen should be given first and documented later. Oxygen can save lives by preventing severe hypoxaemia. However, there is a potential for serious harm and even death if it is not administered and managed appropriately. Common safety concerns from the review of incidents, local investigations and other sources are:

<b>Prescribing</b>	failure to or wrongly prescribed
<b>Monitoring</b>	patients not monitored, abnormal oxygen saturation levels not acted upon
<b>Administration</b>	confusion of oxygen with medical compressed air, incorrect flow rates, inadvertent disconnection of supply
<b>Equipment</b>	empty cylinders, faulty and missing equipment

### What is the NPSA asking your organisation to do?

The NPSA has asked your organisation to:

- minimise the use of oxygen cylinders on wards;
- ensure reliable and adequate supplies of oxygen cylinders in transfer and emergency situations;
- assess the risks of confusing oxygen and medical compressed air;
- ensure that oxygen is prescribed and pulse oximetry is available
- ensure a multidisciplinary group has responsibility for the safe use of oxygen in your hospital.

#### For staff administering oxygen: What can YOU do?

Because of the risks from poor oxygen management, staff should ask:

- Am I aware of the patient's diagnosis and target saturation?
- Does the flow rate need adjusting to achieve that patient's target saturation?
- Am I familiar with the equipment to do this, and have I checked they are in working order (e.g. face mask/nasal cannulae)?
- Have I recorded the oximetry results (saturation levels)?
- Is the tube connected to the right outlet ie oxygen not air?

When using cylinders:

- Have I checked the amount of oxygen in a cylinder before using it?
- Have I calculated how long the oxygen in the cylinder will last?
- Do I make sure empty or near-empty cylinders are replaced immediately?

If something has gone wrong, have I reported this as an incident?

Further information at: [www.nrls.npsa.nhs.uk/alerts](http://www.nrls.npsa.nhs.uk/alerts)

Full clinical guidelines at: [www.brit-thoracic.org.uk](http://www.brit-thoracic.org.uk)