(A) Policy Statement

In all adult patients who are receiving oxygen therapy, and who have an oxygen saturation of >92% on oxygen, weaning of oxygen therapy will be initiated and continued if oxygen saturation remains >92%, unless ordered differently by the ordering physician. The exception to this would be patients that are on home oxygen therapy, unless ordered by a physician.

(B) Purpose of Policy

To provide guidelines for weaning oxygen therapy and discontinuing pulse oximetry.

(C) Procedure

When the Respiratory Care Staff receives a physician order for oxygen weaning, the practitioner will follow the ordered guidelines. *If specific orders are not written, the following procedure will be followed for adult patients with O2 saturation >92%.*

1. **Weaning:** Place pulse oximeter on the patient and decrease the oxygen by 2 lpm or by 1/2 the difference between 21% and the ordered concentration, whichever is less.

2. **Record** the patient's SpO2 after 15 minutes.
   a. If the SpO2 is >92%, return to measure the SpO2 in four (4) hours and decrease the FiO2 as tolerated.
   b. If the SpO2 is <92% contact the ordering physician to report the results and obtain further orders.

3. **Discontinue** the patient's oxygen therapy, accordingly:
   a. If the SpO2 is >92% after four (4) hours on 28% or 2 lpm.
   b. If the SpO2 is <92%, return the FiO2 to the previous level of oxygen therapy that gave the patient a SpO2 of >92% and notify the physician.

4. **Return** to check the patient's SpO2 after 15 minutes on room air.
   a. If the SpO2 is >92%, record the reading in the patient's medical record and return to measure it again in four (4) hrs.
   b. If the SpO2 is <92%, return the FiO2 to the previous level that maintained the patient's SpO2 >92% and contact the ordering physician for new orders.

5. **If the SpO2 is 92%** or above for two consecutive days and the patient’s response to respiratory therapy treatment is unchanged or there have been no changes in FiO2, the frequency of monitoring will be reduced to once per day and the ordering physician will be requested to re-evaluate the continued need for monitoring.

6. Documentation of oxygen weaning activities and results will be in the Electronic Medical
Consideration for exception will be made for patients with past documentation of nocturnal desaturation, and/or patients who demonstrate desaturation during minimal exercise such as ambulation.