

Name of Policy:	<u>Oxygen weaning</u>	 <p>Effective Date: June 1, 2023 Initial Effective Date: 12/1/2004</p>
Policy Number:	3364-136-03-05	
Department:	Pulmonary Services	
Approving Officer:	Senior Hospital Administrator	
Responsible Agent:	Director, Pulmonary Services	
Scope:	The University of Toledo Medical Center Pulmonary Services Department	
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy		
<input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy		

(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

Record.

7. 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.

Approved by:	Review/Revision Date:
<u>/s/</u> Michael Taylor Director, Pulmonary Services	06/22/2023 Date
<u>/s/</u> Shahnaz Rehman, M.D. Medical Director	08/01/2023 Date
<u>/s/</u> Russell Smith Senior Hospital Administrator	06/29/2023 Date
<i>Review/Revision Completed By:</i> <i>Director, Pulmonary Services</i>	04/12/1993 09/11/1996 08/04/1998 10/04/1999 06/20/2001 11/04/2004 06/15/2007 08/11/2010 08/07/2012 12/01/2015 04/08/2019 06/01/2023
Policies Superseded by This Policy:	Next Review Date: June 1, 2026

is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.