## Oxygen Prescription and Monitoring Chart (Adults)

### First Prescription

- **Target Oxygen Saturation:** 88-92%
- **Other Options:** 94-98%
- **Tick here if saturation not indicated:** [ ]
- **Starting Device:** 
- **Starting Flow Rate:** ………… L/min
- **Max Rate:** ………… L/min
- **Min Rate:** ………… L/min
- **PRN / Continuous (please circle):** PRN
- **Monitoring Frequency:** ……………………

### Second Prescription

- **Target Oxygen Saturation:** 88-92%
- **Other Options:** 94-98%
- **Tick here if saturation not indicated:** [ ]
- **Starting Device:** 
- **Starting Flow Rate:** ………… L/min
- **Max Rate:** ………… L/min
- **Min Rate:** ………… L/min
- **PRN / Continuous (please circle):** PRN
- **Monitoring Frequency:** ……………………

### Third Prescription

- **Target Oxygen Saturation:** 88-92%
- **Other Options:** 94-98%
- **Tick here if saturation not indicated:** [ ]
- **Starting Device:** 
- **Starting Flow Rate:** ………… L/min
- **Max Rate:** ………… L/min
- **Min Rate:** ………… L/min
- **PRN / Continuous (please circle):** PRN
- **Monitoring Frequency:** ……………………

### Nurse Instructions

- Nurse to adjust oxygen flow rate and oxygen delivery device according to oxygen saturations.
- Clinical review required if saturation is outside target range, or if there is > 3% fall in oxygen saturation. Consider weaning if medically stable and within target range on 2 consecutive drug administration rounds.

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### Codes for Oxygen Delivery Devices

- **General Use**
  - A: Air
  - N: Nasal cannulae
  - SM: Simple mask
  - RM: Reservoir mask
  - H28: Humidified oxygen at 28%

- **Primarily for Respiratory Wards/RCU**
  - V60: Venturi 60%
  - HF: High flow - specify %
  - CP: Patient on CPAP
  - NIV: Patient on NIV
  - TM: Tracheostomy mask
  - OTH: Other device (specify) ……………………………
Flow Chart for Oxygen Administration

- Choose the most suitable delivery system and flow rate.
- Titrate oxygen up or down to maintain the target oxygen saturation.
- Allow at least 5 minutes at each dose before adjusting further upwards or downwards (except with major and sudden fall in saturation).
- Once your patient has adequate and stable saturation on minimal oxygen dose, consider discontinuation of oxygen therapy.

Seek medical advice if patient appears to need increasing oxygen therapy or if there is a rising mEWS, or if there is at least a 3% fall in oxygen saturation.

Patients with Type 2 Respiratory Failure, risk factors for CO₂ retention, Acute Severe Asthma or critically ill patients must have ABG within 1 hour of increasing oxygen dose.

* For Venturi masks, the higher flow rate is required if the respiratory rate is >30

For further information, please consult the Guideline on Prescribing & Administration of Oxygen in Adults, available on the Leeds Health Pathways.