



Policy Name OXYGEN THERAPY CRITERIA	Policy Number: 0205
	Effective Date: May 1, 2004
Approved By: Management Committee	Date Revised: December 2, 2009
Classification: Pain and Symptom Management	Page No: 1 of 2

POLICY

Residents admitted to Agapé Hospice who previously had oxygen supplied by an oxygen provider in the community will continue with that oxygen company for the duration of their stay at Agapé Hospice.

Residents admitted to Agapé Hospice requiring oxygen therapy but have no previous affiliation with an oxygen provider will have oxygen supplied by one of the oxygen providers serving Agapé Hospice. The resident and/or family/health advocate will be given the opportunity to choose an oxygen vendor.

Using available oxygen equipment and at the Registered Nurse's (RN's) discretion, oxygen therapy may be initiated on a resident prior to an assessment being completed by a Respiratory Technician (RT) from an oxygen provider. Then the appropriate oxygen provider must be contacted to assess the resident's respiratory status at the beginning of the next business day. Whenever possible, the RN should use an **oxygen concentrator** to initiate oxygen therapy for a resident until they have been assessed by an RT.

PROCEDURE

1. The unit clerk will inform the appropriate oxygen provider when one of their clients in community is being transferred to Agapé Hospice.
2. It is the oxygen provider's responsibility to make sure equipment is brought from home or new equipment dropped off at the hospice prior to the resident's admission. Agapé Hospice will give the oxygen provider as much notice as possible, including the expected date and time of the admission.
3. Residents with a non-cancer diagnosis with no prior authorization for oxygen require blood gases before being transferred to the hospice. Blood gases are required for non-cancer diagnosis in order to be eligible for Alberta Aids to Daily Living subsidy for oxygen therapy while at Agapé Hospice. The Unit Clerk will inform the sending institution of this requirement when the admission is being organized.
4. Oxygen therapy may be initiated on a resident at the RN's discretion. The RN should do oxygen saturations for two (2) minutes. A printed copy of the results may be placed in the progress notes of the resident's health record, along with the RN's clinical assessment.



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- a. A list of oxygen providers in the city should be given to the resident and/or family/ health advocate to assist in their choice of provider.
- b. If the resident is unable and/or the family/health advocate is not available, the RN may make the choice of oxygen provider.
5. Once the choice of oxygen provider is made, the Unit Clerk or RN will contact the appropriate provider, requesting an assessment to be done by a Respiratory Technician as soon as possible.
6. Oxygen therapy may be initiated, using available equipment, prior to an assessment by a Respiratory Technician at the RN's discretion. Documentation of the RN's assessment must be made in the progress notes section of the resident's health record and the appropriate oxygen provider must be notified as soon as possible.