**The Salvation Army – William Booth Special Care Home**

**Neuro – Muscular Skeletal Policies and Procedures**

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# Oxygen Administration

**POLICY:**

This policy is written to provide direction to administer Oxygen to relieve hypoxemia or hypoxia.

**NOTE: A physician’s order is required and should include range of Flow Rate (except in Emergency situation).**

**NURSING ALERT**

* When power failure occurs ensure all Oxygen concentrators are plugged into a **RED ELECTRICAL OUTLET**. On the Eventide / Hunt Unit these are located at the Nursing Station and Eventide dining room. On the Balfour Unit there is one in each corridor, the Balfour dining room, and in the resident rooms.
* Do not plug oxygen concentrator into outlets in bathroom **(outlets in bathrooms are to be used only for razors / hairdryers**)
* On the Hospice Unit the Oxygen valve located in the seating area is to be turned off during a CODE RED in their area.

**EQUIPMENT:**

* Oxygen source (Oxygen is dispensed from an Oxygen concentrator / Oxygen cylinder / via Oxygen wall regular (RWGH)
* Nasal Cannula / face mask with connecting tube (if resident is a mouth breather use oxygen mask.
* Humidifier filled with distilled water to indicated level.
* “No Smoking” Signs

**PROCEDURE:**

1. Post “NO smoking “signs on the resident’s door and in view of other residents / visitors.
2. Explain the procedure / show the nasal cannula / facemask to the resident.
3. Ensure the humidifier is filled to the appropriate mark.
4. Attach the connecting tube from the nasal cannula / facemask to the humidifier outlet.
5. Set the flow rate as prescribed by the physician (liters/minute).
6. Feel to determine that Oxygen is flowing through the tubing.
7. Night LPN to change nasal cannula / face masks /tubing / humidification bottle, monthly on the first day of the month and PRN as required.
8. Record the flow rate used in the care plan / physician order.
9. Free-standing Oxygen canisters are not to be stored in the resident rooms. Oxygen canisters are to be stored in the basement Oxygen room.
10. Document adverse resident response in the computerized PCC progress notes.

RWGH residents who require O2 will bring their home concentrator with them to the RWGH upon Admission. With Discharge, the nurse will contact the Oxygen Supplier to have them pick up the concentrator. The date the Supplier was notified and the date the Supplier picked up the concentrator will be documented on the form that is titled: “Monthly Report – Utilization of Palliative Care Beds”.

Initial Implementation Date: May 24/00

Review Date: January 9/04 / January 31/06 / December 1/13

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Tracheostomy Care

**POLICY:**

WBSCH will follow the RQHR nursing procedure for Trachestomy care of Adult clients (2014).

Only clients with an established Trachestomy will be admitted to WBSCH / RWGH.

**REFERENCE:**

* RQHR (2014) Tracheostomy. Code T.2
* Potter & Perry (2014), Canadian Fundamentals of Nursing 5th Edition.

Initial Implementation Date: December 16/98

Review Date: December 2016

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_