

Postoperative Oxygen Weaning Protocol

- Purpose:** To provide for expedient management and weaning of the postoperative patient admitted to the SICU oxygen therapy on facemask oxygen.
- Description:** Many postoperative patients admitted to the SICU require facemask oxygen therapy for a short time post extubation. These patients are generally extubated by anesthesia personnel prior to admittance to the SICU and “sent around” on facemask oxygen. This policy provides a “standing order” for this oxygen therapy and “weaning order” to facilitate removal of oxygen when no longer needed.
- Indications:**
1. All patients admitted to the SICU from the OR on facemask oxygen unless specific orders for oxygen therapy are written.
 2. There are several factors that increase the risk of postoperative hypoxia and thus may indicate a need for oxygen therapy. They include:
 - a. Pre-existing conditions such as age, obesity, cardiopulmonary disease, and smoking.
 - b. Intraoperative risks such as duration and type of anesthesia and operative site.
 - c. Postoperative risks such as pain and abdominal distension.
- Contraindications/Hazards/Complications:** hazards of oxygen therapy are outlined in Proc8.2 Oxygen Therapy.
- Equipment:**
1. Oxygen facemask setup (if not already provide by anesthesia personnel.
 2. Pulse oximeter monitor.
- Personnel:** RRT2, RRT1, CRT2, CRT1. The respiratory therapist will be responsible for managing this protocol.
- Procedure:**
1. Patient is transferred to SICU from the OR on facemask oxygen or anesthesia personnel request facemask setup.
 2. If specific physician orders are written for oxygen therapy they will be followed.
 3. If no specific orders are written (or if order for oxygen weaning protocol is written) the protocol is initiated.
 4. Begin on 40% facemask maintain SpO₂ > 93%. **(If patient requires 50% or greater to maintain SpO₂ > 93%, obtain an ABG and notify the physician).**
 5. After 30 minutes oxygen shall be weaned as tolerated with SpO₂ > 93%.
 6. **If oxygen is required for longer than 8 hours to maintain SpO₂ > 93%, the physician must be notified and a specific order written. Protocol is discontinued.**
 7. If oxygen is weaned to room air within 8 hours, the patient shall be monitored for another 8 hours and the protocol then discontinued if SpO₂ remains > 93%. **Any re-initiation of oxygen after this point requires a physician order.**

References: AARC Clinical Practice Guidelines

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