**Oxygen Management using a Pulse Oximeter**

**Indications:**

* **For monitoring of O2 usage on all Patients**

**Contraindications:**

* **Children < 10 kg**

The EMR must be aware that unreliable reading will be caused by Carbon Monoxide Poisoning, Sickle Cell Anemia and Severe Anemia’s.

**Assess Patient**

**Initiate high flow O2**

**Apply Oximeter1 as per protocol**

O2 Saturation < 95%

O2 Saturation > 95%

Decrease flow rate to maintain O2 saturation > 95% 2,3

Increase O2 flow to a maximum of 15 L/min 2, 3

Consider Assisted Ventilations

Oxygenation Management Using a Pulse Oximeter

1. Apply Oxygen as per protocol.
2. Apply Pulse Oximeter to adequately perfusing finger / toe.
3. If Pulse Oximeter and palpation pulse differ by < 10 Bpm, oxygen saturation is reliable.
4. If Pulse Oximeter and palpation pulse differ by > 10 Bpm then:
	* + - 1. Remove Pulse Oximeter
				2. Use another digit or a warmer digit
				3. Re-apply Pulse Oximeter and compare pulse

Oxygen Administration

 Nasal Cannulas should not be used with greater than 5 L/min O2 as this may cause discomfort and drying of the mucosa and does not increase O2 concentration any further.

A Non-rebreather Mask is indicated for Carbon Dioxide poisoning and Smoke Inhalation.

**Footnotes:**

1. Do not delay any part of the Primary Survey / Intervention to apply Oximeter.
2. Use the lowest amount of oxygen flow to maintain the SpO2 at >95%. Adjust oxygen by turning the flow up or down by 1 L/min each minute and monitor the Oximeter reading.
3. For COPD patients, maintain the SpO2 in the range of 92% to 95%.