

	Policy:	Administration of Oxygen (Pediatrics)
	Number:	
Approved by: MAC November 2008	Manual:	
Signature:	Section:	Medical Directive Emergency
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Procedure: Oxygen Administration

Initiate and titrate oxygen via blow by nasal prongs or mask to maintain SaO₂ ≥95%

Indications:

Signs & symptoms including one or more of the following actual or potential:

- Respiratory distress
- SaO₂ < 95%, or below established desirable range for the individual patient.
- Shock
- Evidence of suspected hypoxemia (tachycardia, haemorrhage, hypovolemia, sickle cell, altered LOC, trauma, or smoke and/or toxin inhalation).

Contraindications:

No absolute contraindications

Guidelines:

Premature infants less than 34 weeks gestation are prone to eye damage. This should never affect the decision to provide short-term emergency oxygen to infants and children of any age.

References:

1. Tintinelli, JE, Kelen, GD, and Stapczynski, J.S. *Emergency Medicine: A Comprehensive Study Guide, 6th Edition 2004*
2. Howard R. Carter B. Curry J. Morton N. Rivett K. Rose M. Tyrrell J. Walker S. Williams G. *Association of Paediatric Anaesthetists of Great Britain and Ireland., Medical procedures., Paediatric Anaesthesia. 18 Suppl 1:19-35, 2008 May.*
3. *Japanese Society of Pulmonary Medicine. Japanese Society of Respiratory Disease Management., Oxygen inhalation therapy--low oxygen-flow system with the nasal cannula, Nihon Kokyuki Gakkai Zasshi. Suppl:29-30, 2006 Jul.*

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