## Frontline First Aid EMR Skills – O2 Administration and Pulse Oximetry



<u>Call Details:</u> Any response where High Flow Oxygen is appropriate

Participant's name: \_\_\_\_\_

	Critical Findings	Critical Actions or Interventions	Yes	No	Notes and Comments
	Sup	plemental Oxygen			
Indications	<ul> <li>Smoke Inhalation</li> <li>Possible Carbon Monox</li> <li>Serious Illness</li> <li>Significant Bleeding</li> <li>Signs and Symptoms of</li> <li>Oxygen saturation below</li> </ul>	Shortness of Breath Chest Pains Possible Internal Bleeding Smoke Inhalation Possible Carbon Monoxide Poisoning Serious Illness			
Contraindications	No distress and SAO2 a	bove 95% on room air			
	Adult Facemask	6-15 lpm			Non-rebreather used for
Flowrates	Nasal Canula	2-5 lpm			Smoke Inhalation and
Flowrates	Non-Rebreather Mask	10-15 lpm			Carbon Monoxide
	Bag-Valve Mask	10-15 lpm			poisoning
		Pulse Oximetry	1		
Indications	Monitoring of O2 usage	on all patients			
Contraindications	Children or Infants under Children or Infants under Children or Infants under Children of Children	er 10kg			
Factors Affecting Reliability of Reading	Sickle Cell Anemia or Se	Carbon Monoxide Poisoning – false high reading Sickle Cell Anemia or Severe Anemias Child or Infant under 10kg			
	Оху	gen Administration	T	r	
Supplemental Oxygen delivered	As appropriate	Appropriate delivery method			
Pulse Oximeter	After supplemental O2 started	Applied to finger and turned on			
Check Saturation with Vitals	<ul> <li>Compare pulse rate on Oximeter to palpation or auscultation</li> <li>Difference of less than 10 bpm considered accurate</li> </ul>	Note and record saturation reading			
If Inaccurate	<ul> <li>Difference greater than 10 bpm</li> </ul>	<ul> <li>Remove from finger</li> <li>Use warmer finger</li> <li>Remove nail polish</li> <li>Use Toe or earlobe if appropriate</li> <li>Re-apply oximeter and compare</li> </ul>			

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	Critical Findings	Critical Actions or Interventions	Yes	No	Notes and Comments
Monitor Saturation	Maintain Saturation of 95 %	Checked at end of Primary, during Vitals and end of Secondary			
Adjust Oxygen Flowrates	Use lowest flowrate needed to maintain 95% saturation	Adjust up or down by 1 lpm each minute Within minimum and maximum flow-rates for delivery method			Treat the patientNOT the oximeter
COPD Patients	Receive supplemental oxygen as dictated by assessment and treatment protocols	Maintain saturation levels between 92- 95% Switch to Nasal Canula at 1-3 lpm following acute care			

		Yes	No
Time Ended	Successful		

Comments:		
Participant's Name:	Date:	
Participant's Signature:		
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Evaluator's Name:	Date:	
Evaluator's Signature:		