# #02TheFix Swimming Between The Flags



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**OXYGEN** 





### Oxygen

- Medical gas?
- Can help patients?
- Can cause harm?
- Should be monitored?
- Should be targeted to a physiological range?
- Deserves the same respect as a drug?
- Is a medicine?





### Joe







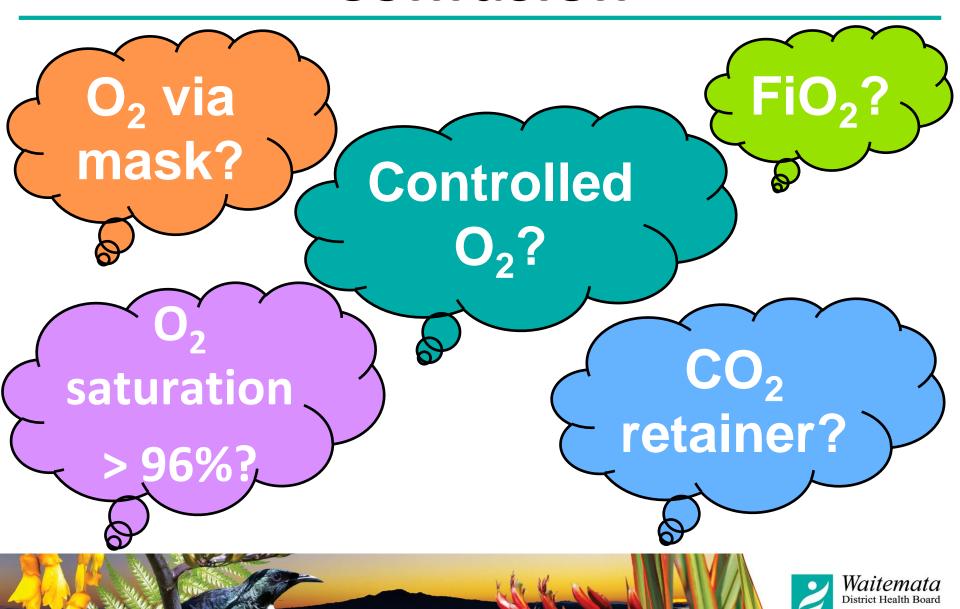
### Which one?







#### Confusion



**Best Care for Everyone** 

#### **Evidence**

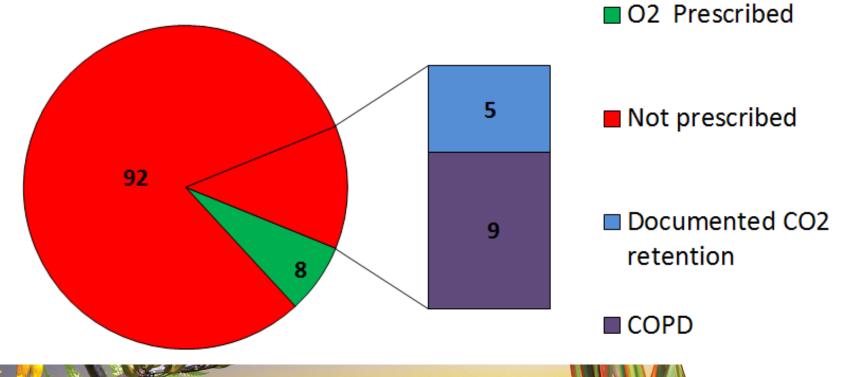
- Oxygen titrated to a specific target saturation saves lives<sup>1</sup>
- TSANZ Guideline "Swimming between the flags"<sup>2</sup>
- BTS Guidelines for Ventilatory
   Management of Acute Hypercapnic
   Respiratory Failure 2016





#### **Waitemata DHB**

- Poor rate of prescribing<sup>4</sup>
- Unsafe administration<sup>4</sup>





# Oxygen Steering Group

- WDHB Medication Safety
   Committee
- Consultant led multi-disciplinary steering group





#### Aim

- Improve understanding
- Prescribe appropriately
- Patient safety 

   "Swimming
   Between the Flags"





#### 1. Baseline audit

#### Patients using oxygen?

- Prescribed?
- Device?
- Target saturation range?

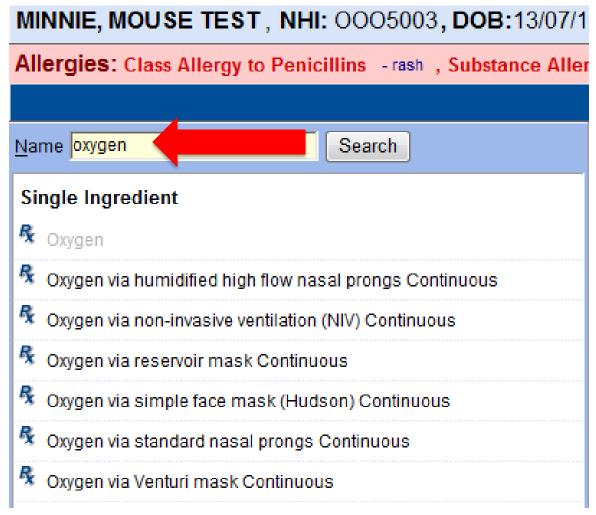
















Medication	Details
Oxygen via standard nasal prongs Continuous Inhalation	DOSE: 0.25 to 4 L/min Inhalation PRN minimum dosage interval 1 minute Target SpO2 = 88-92%
	DOSE: 1 to 4 L/min Inhalation PRN minimum dosage interval 1 minute Target SpO2 = 92-96%





#### Oxygen via Venturi mask

DOSE: 24 % O2 Inhalation PRN
minimum dosage interval 1 minute
Oxygen flow rate 3 L/min (blue). Increase to 4.5 L/min if RR>30. Target SpO2 = 88-92%

DOSE 28 % O2 nhalation PRN
minimum dosage interval 1 minute
Oxygen flow rate 6 L/min (yellow). Increase to 9 L/min if RR>30. Target SpO2 = 88-92%

DOSE: 31 % O2 Inhalation PRN
minimum dosage interval 1 minute
Oxygen flow rate 8 L/min (white). Increase to 12 L/min if RR>30. Target SpO2 = 88-92%

DOSE: 35 % O2 Inhalation PRN
minimum dosage interval 1 minute
Oxygen flow rate 12 L/min (green). Increase to 18 L/min if RR>30. Target SpO2 = 88-92%

DOSE: 40 % O2 Inhalation PRN
minimum dosage interval 1 minute
Oxygen flow rate 15 L/min (pink). Increase to 22.5 L/min if RR>30. Target SpO2 = 88-92%

DOSE: 50 % O2 Inhalation PRN
minimum dosage interval 1 minute
Oxygen flow rate 15 L/min (orange). Increase to 22.5 L/min if RR>30. Target SpO2 = 88-92%





MINNIE, MOUSE TEST, NHI: 0005003, DOB:13/07/1942, Age:74 years, Weight:79.9 kg (01/03/2017) (Mosteller) Allergies: Class Allergy to Penicillins | Add Meds On Adm Scheduled - 5 Variable Dose PRN - 1 Stat - 1 Infusion - 2 Prescribe Quick List Protocol Discharge Transfer From Edit Administer Time Telephone Or Cease Medication Date Time Dose Route Oxygen via simple face mask (Hudson) If n 27/03/2017 11:55 Continuous Inhalation Ne DOSE: 5 to 10 L/min Inhalation PRN (11:54) minimum dosage interval 1 minute Target SpO2 = 92-96%Jessica NAND 27/03/2017 (Pharmacist)





# 3. New oxygen policy



Clinical Practices Manual

#### Oxygen Therapy – Inpatient & STOT Ordering

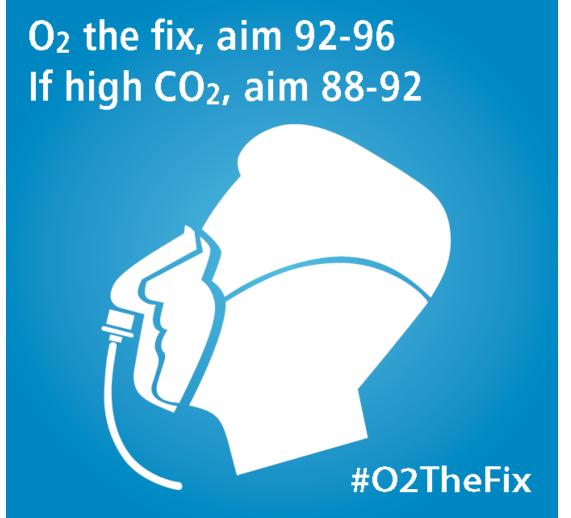
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### 4. Campaign and launch week







#### **#O2TheFix**



#### **Waitemata DHB**

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Serving the largest DHB population in New Zealand and operating North Shore Hospital, Waitakere Hospital, Wilson Centre and Mason Clinic.

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Jess Nand @jess\_nand · 14h

It's WDHB Oxygen Awareness Week to promote safe prescribing of O2 in alignment with TSANZ guidelines @WaitemataDHB @tsanz\_thoracic #O2TheFix

#### **Oxygen Awareness Week**



Oxygen Awareness Week (**October 10-14**) is to promote the changes to oxygen prescribing at Waitemata DHB.

Come see the oxygen team in the main foyer at NSH and WTH. There will be a fun quiz and awesome prizes to give away. Look out for the posters, balloons and our catchy slogan: " $O_2$  the fix, aim 92-96! If high  $CO_2$ , aim 88-92!" You can now electronically prescribe oxygen for patients via MedChart. Just type "oxygen" into the medicine name, select the appropriate delivery device and  $O_2$  saturation range from the quick-list.

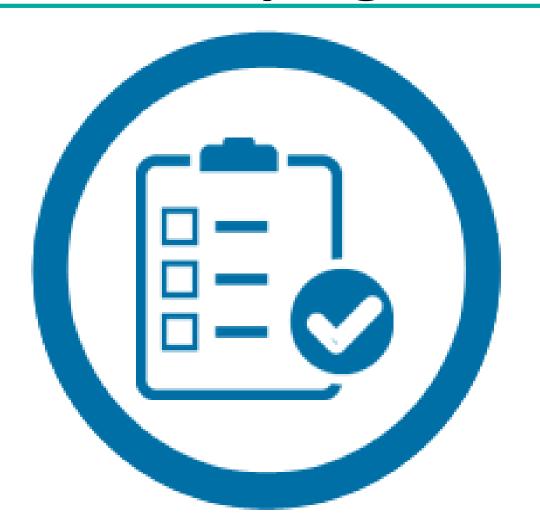
# 5. Staff education







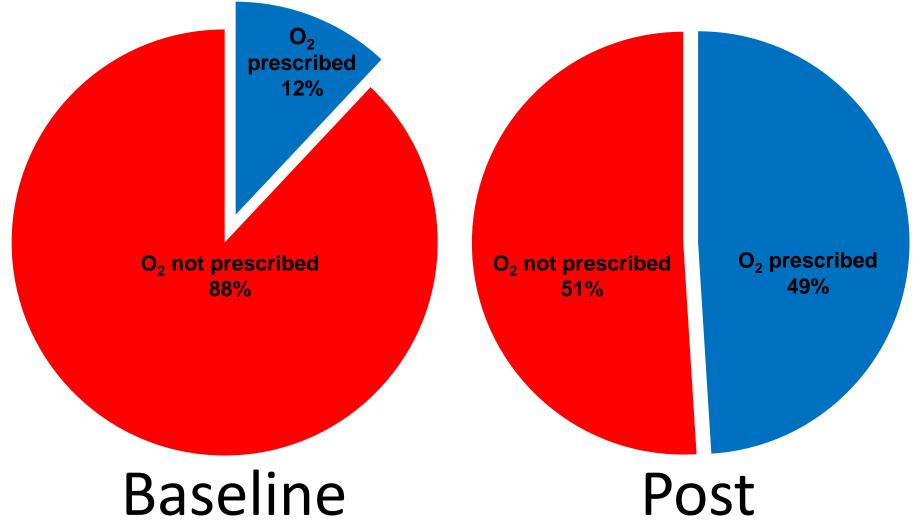
# 6. Post campaign audit







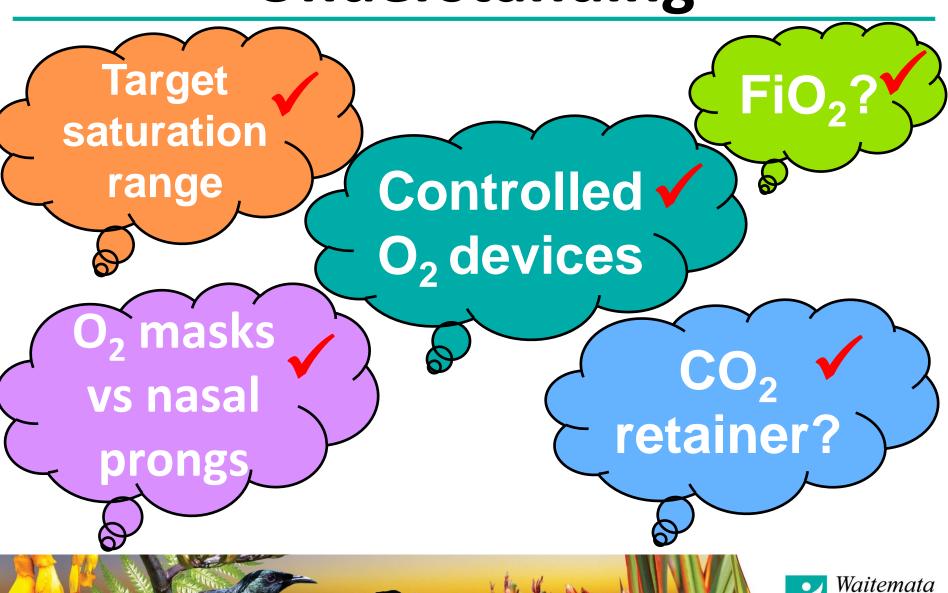
# Audit of patients using O<sub>2</sub>







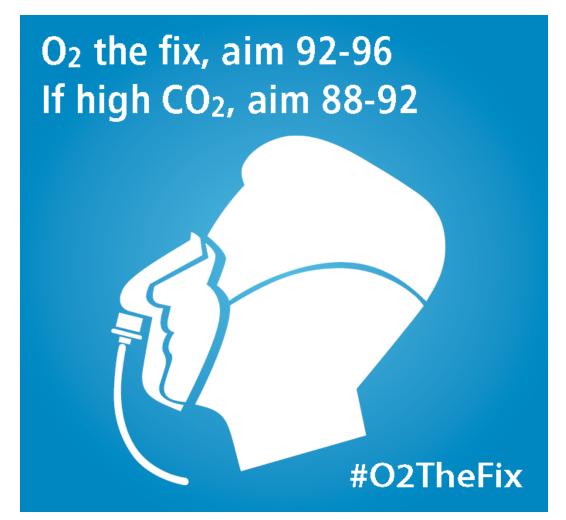
Understanding



District Health Board

Best Care for Everyone

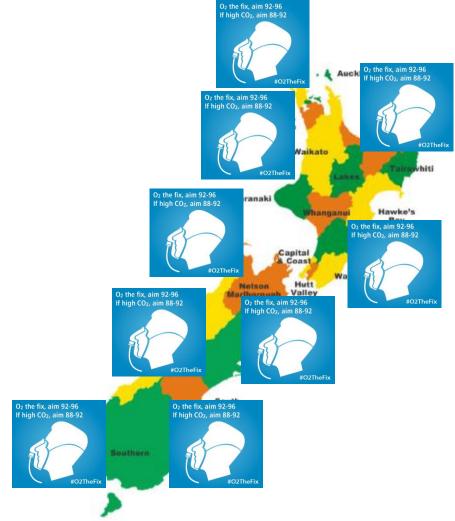
# Moving forward







#### **Our vision**







### Conclusion

- Better
- Best
- Brilliant





#### References

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- Davidson AC, Banham S, Elliott M, et al BTS/ICS guideline for the ventilatory management of acute hypercapnic respiratory failure in adults Thorax 2016;71:ii1-ii35 Beasley, R., Chien, J., Douglas, J., Eastlake, L., Farah, C., King, G., Moore, R., Pilcher, J., Richards, M., Smith, S. and Walters, H., Thoracic Society of Australia and New Zealand oxygen guidelines for acute oxygen use in adults: 'Swimming between the flags'. Respirology 2015, 20: 1182–1191
- 3. WDHB NIV raw data 2014-2015
- 4. Boyle M, Wong J. Prescribing oxygen therapy. An audit of oxygen prescribing practices on medical wards at North Shore Hospital, Auckland, New Zealand. *NZ Med J.* 2006;119.





# Acknowledgments

- Dr Alex Chapman, Respiratory and General Medical SMO
- Nikola Ncube, Respiratory Nurse Specialist
- Elizabeth Brookbanks, Pharmacist Team Leader Medical Services
- Peter Groom, e-Vitals Clinical Lead
- Laura Campbell, Respiratory Clinical Nurse Specialist
- Cam Howard, ICU Outreach Clinical Nurse Specialist
- Monica McGrath, ICU Outreach Nurse
- Jo Rogers, e-Prescribing Pharmacist
- Dr Jonathan Casement, SMO ICU
- Andrew Watson, ADU Nurse Educator
- Charlotte Chesbrough, Fisher & Paykel Healthcare





#### Do the simple things well

Best care for everyone

