

Nurse Guided Oxygen Titration

SOP – Please refer to the full procedure for rational and additional information on each step

Nurse Guided Oxygen Weaning

(excluding non-invasive therapy)

Weaning is the gradual process of decreasing oxygen according to the patient's condition and tolerance. It requires close and increased nursing monitoring and care.

Consider starting to wean if:

- The oxygen saturation (SpO₂) is **≥ 92% for over 8-10 hours**
AND
- The overall clinical condition of the **patient has improved:**
 - patient is alert and responsive, talking
 - vital signs are improved/within normal limits
 - respiratory distress should be reduced/mild or no evidence of increased work of breathing

Wean oxygen **by flow:**

Decrease the rate at no more than **2L/min every 2-4 hours** until 6L/min, and **then 1L/min every hour**

AND by device:

High concentration non-rebreather (8 to 20 L/min)

Simple Face Mask (5 to 10 L/min)

Nasal Cannula (1 to 6 L/min)

Is the SpO₂ <92% but patient stable?

- Increase oxygen by 2 L/min to stabilize saturations **≥ 92%**
- Consider patient positioning, need for suction, encourage coughing
- Stop the weaning process and notify clinician
- Document

Is the patient unstable and SpO₂ < 92%?

- Review ABCD
 - airway, breathing, circulation, disability
- Increase oxygen to stabilize saturations **≥ 94%**
- Call for medical and nursing help
- Consider preparing for possible resuscitation

With every decrease in flow:

- Maintain view of patient for 5 minutes.
- Repeat and document vital signs and respiratory assessment 30 minutes after decrease and hourly according to condition.
Maintain continuous monitoring on all patients requiring >10 L/min and document vital signs hourly.
- If patient stable, continue weaning process.

When weaned to room air:

- Repeat and document vital signs and respiratory assessment hourly for four hours, and then routinely according to clinical guidance.