






Oxygen humidification

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

Humidification for oxygen therapy

No humidification is needed for standard oxygen flow rates. Humidification is only needed if the patient will be receiving **high flow rates for more than 2 hours**. High flow rates are >1L/min in neonates, >2 L/min in children under 2 years old, > 4 L/min in children over 2 years old and >6L/min in patients over 12 years old.

Pre-procedure	
	1. Perform hand hygiene
	2. Confirm the patient's identity
	3. Explain to the patient what is humidification therapy and why they need it
	4. Perform hand hygiene
	5. Clean/disinfect tray/trolley and pulse oximeter (with probe) and allow to dry
	6. Verify that an oxygen therapy prescription has been written with oxygen saturation targets and that the oxygen therapy is suitable for the patient However, in emergency clinical situations, the healthcare provider can and should commence oxygen therapy without a prescription.
	7. Gather equipment on dry tray/trolley: <ol style="list-style-type: none"> a. Oxygen concentrator b. Water humidification chamber c. Medical distilled water d. Antibacterial filter kit (if needed) e. Pulse oximeter with appropriate probe f. Alcohol-based hand rub
Procedure	
	8. Set- up humidification system
	9. Turn on oxygen concentrator
	10. Perform hand hygiene
	11. If suctioning required, put on non-sterile gloves and perform suctioning
	12. Apply oxygen to the patient
	13. Monitor the patient's oxygen saturation with pulse oximeter and re-assess clinical signs
	14. Check that the patient is comfortable and allow patient the opportunity to ask questions regarding treatment
Post-procedure	
	15. Clean/disinfect tray/trolley and pulse oximeter and probe
	16. Perform hand hygiene. If suctioning performed, remove non-sterile gloves, discard and perform hand hygiene
	17. Document in patient's file that oxygen humidification therapy has started, the time and the flow rate along with clinical status
	18. Continuously follow-up the patient at regular intervals