

# How to prescribe oxygen

## Example scenario

9 month old  
 Δ Bronchiolitis

Doctor's prescription

Nurse documentation  
 Day 3  
 Clinical deterioration  
 Nurse contacts doctor

Doctor makes clinical assessment  
 & increases oxygen prescription  
 Clinical deterioration overnight.  
 Nurse increases oxygen and  
 contacts doctor

Doctor makes clinical assessment  
 & increases oxygen prescription

Child transferred to HDU  
 started on nCPAP  
 with 10L/min O<sub>2</sub>

ENTER DOSE AGAINST TIME REQUIRED. USE ONE ROUTE ONLY FOR EACH ENTRY		REGULAR MEDICINES	MONTH	YEAR
DATE				
<b>MEDICINE OXYGEN</b> sign all oxygen limit boxes that you tick Prescriber's Signature bleep No.		Device L/min or % O <sub>2</sub> (you may select multiple devices and multiple oxygen limits) Nasal cannula 0.01-1 L/min Headbox oxygen <40% Facemask 6-10 L/min Mask with reservoir bag (for high O <sub>2</sub> %) 10-15 L/min Other device		
Target Saturations (please circle)	NURSE CHECK ↓			RE-WRITE CHART
>92%	MORNING			
>95%	MIDDAY			
	EVENING			
Other	BEDTIME			

ENTER DOSE AGAINST TIME REQUIRED. USE ONE ROUTE ONLY FOR EACH ENTRY		REGULAR MEDICINES	MONTH	YEAR
DATE			July	2014
<b>MEDICINE OXYGEN</b> sign all oxygen limit boxes that you tick Prescriber's Signature bleep No. <i>Ofortex 1234</i>		Device L/min or % O <sub>2</sub> (you may select multiple devices and multiple oxygen limits) Nasal cannula 0.01-1 L/min Headbox oxygen <40% Facemask 6-10 L/min Mask with reservoir bag (for high O <sub>2</sub> %) 10-15 L/min Other device		
Target Saturations (please circle)	NURSE CHECK ↓			RE-WRITE CHART
>92%	MORNING			
>95%	MIDDAY			
	EVENING			
Other	BEDTIME			

ENTER DOSE AGAINST TIME REQUIRED. USE ONE ROUTE ONLY FOR EACH ENTRY		REGULAR MEDICINES	MONTH	YEAR
DATE		11	12	July 2014
<b>MEDICINE OXYGEN</b> sign all oxygen limit boxes that you tick Prescriber's Signature bleep No. <i>Ofortex 1234</i>		Device L/min or % O <sub>2</sub> (you may select multiple devices and multiple oxygen limits) Nasal cannula 0.01-1 L/min Headbox oxygen <40% Facemask 6-10 L/min Mask with reservoir bag (for high O <sub>2</sub> %) 10-15 L/min Other device		
Target Saturations (please circle)	NURSE CHECK ↓			RE-WRITE CHART
>92%	MORNING	/	BW/TF	
>95%	MIDDAY	PS/AT	SH/SC	
	EVENING	PS/AT		
Other	BEDTIME	BW/TF		

ENTER DOSE AGAINST TIME REQUIRED. USE ONE ROUTE ONLY FOR EACH ENTRY		REGULAR MEDICINES	MONTH	YEAR	
DATE		11	12	13	July 2014
<b>MEDICINE OXYGEN</b> sign all oxygen limit boxes that you tick Prescriber's Signature bleep No. <i>Ofortex 1234</i>		Device L/min or % O <sub>2</sub> (you may select multiple devices and multiple oxygen limits) Nasal cannula 0.01-1 L/min Headbox oxygen <40% Facemask 6-10 L/min Mask with reservoir bag (for high O <sub>2</sub> %) 10-15 L/min Other device			
Target Saturations (please circle)	NURSE CHECK ↓			RE-WRITE CHART	
>92%	MORNING	/	BW/TF BW/TF		
>95%	MIDDAY	PS/AT	SH/SC SH/SC		
	EVENING	PS/AT	SH/SC SH/SC		
Other	BEDTIME	BW/TF	BW/TF BW/TF		

ENTER DOSE AGAINST TIME REQUIRED. USE ONE ROUTE ONLY FOR EACH ENTRY		REGULAR MEDICINES	MONTH	YEAR		
DATE		11	12	13	14	July 2014
<b>MEDICINE OXYGEN</b> sign all oxygen limit boxes that you tick Prescriber's Signature bleep No. <i>Ofortex 1234</i>		Device L/min or % O <sub>2</sub> (you may select multiple devices and multiple oxygen limits) Nasal cannula 0.01-1 L/min Headbox oxygen <40% Facemask 6-10 L/min Mask with reservoir bag (for high O <sub>2</sub> %) 10-15 L/min Other device				
Target Saturations (please circle)	NURSE CHECK ↓			RE-WRITE CHART		
>92%	MORNING	/	BW/TF BW/TF			
>95%	MIDDAY	PS/AT	SH/SC SH/SC			
	EVENING	PS/AT	SH/SC SH/SC			
Other	BEDTIME	BW/TF	BW/TF BW/TF			

ENTER DOSE AGAINST TIME REQUIRED. USE ONE ROUTE ONLY FOR EACH ENTRY		REGULAR MEDICINES	MONTH	YEAR		
DATE		11	12	13	14	July 2014
<b>MEDICINE OXYGEN</b> sign all oxygen limit boxes that you tick Prescriber's Signature bleep No. <i>Ofortex 1234</i>		Device L/min or % O <sub>2</sub> (you may select multiple devices and multiple oxygen limits) Nasal cannula 0.01-1 L/min Headbox oxygen <40% Facemask 6-10 L/min Mask with reservoir bag (for high O <sub>2</sub> %) 10-15 L/min Other device <i>Humid nCPAP 10L/min</i>				
Target Saturations (please circle)	NURSE CHECK ↓			RE-WRITE CHART		
>92%	MORNING	/	BW/TF BW/TF QW/TF			
>95%	MIDDAY	PS/AT	SH/SC SH/SC			
	EVENING	PS/AT	SH/SC SH/SC			
Other	BEDTIME	BW/TF	BW/TF BW/TF			