

Oxygen Therapy Protocol

Health Care Provider Section (to be completed by the HCP):

1a. Person's Name:		1b. Allergies:	
2. Specific medical condition or diagnosis that is the indication for Oxygen:			
3. Instructions and Parameters for Oxygen administration:			
4. Specific follow-up when Oxygen needs are outside of the established parameters:			
5. Adverse effects to watch for:			
6. When to call HCP and/or 911:			
7. Special Instructions/other:			
HCP Signature:		Date:	Time:
HCP Printed Name:		HCP Contact Information:	
Posted:		Date:	Time:
Verified:		Date:	Time:

Service Provider Section (to be completed by the Service Provider):

1. Oxygen Supply Company Contact Information:	
2. Describe how the site obtains Oxygen from the Supply Company:	
3. Describe how the site obtains Oxygen-related supplies (e.g., tubing, nasal cannula, etc.):	
4. Describe how changes in Oxygen Therapy HCP Orders are communicated to all staff (e.g., medication progress note, narrative note, flow sheet, etc.):	
5. Describe how Oxygen safe storage and handling procedures are ensured at the site (e.g., following local ordinance for notification of the fire department, notification of electric company, including plans for possible power failure, etc.):	