

OXYGEN ADMINISTRATION PROTOCOL

Supplemental oxygen administration is indicated for any patient with real or suspected hypoxia. Any patient with shortness of breath or any other sign of hypoxia should be given supplemental oxygen if available. There are no absolute contraindications to oxygen administration. In general, supplemental oxygen administration should be guided by the use of a properly functioning and properly applied pulse oximetry device.

Signs and symptoms of respiratory distress:

- Increased respiratory rate
- Dyspnea / labored breathing
- Anxiety
- Cyanosis
- Use of accessory muscles of breathing, especially in children
- Wheezing / diminished breath sounds
- Tachycardia

Treatment / Interventions:

1. Initial evaluation of the patient complaining of shortness of breath utilizing a primary survey consisting of airway, breathing and circulation. Encourage slow deep breathing if the patient is hyperventilating.
2. Call for help - notification of EMS.
3. Apply pulse oximeter and verify accuracy with heart rate as displayed by the device. Normal pulse oximetry readings should be greater than 94 % unless the patient has a history of chronic lung disease.
4. Administer supplemental oxygen. A simple face mask without a reservoir can deliver 35-50% oxygen with an appropriate flow rate of 6–10 L/min. A minimum of 6 L/min of oxygen flow is needed to prevent rebreathing of exhaled carbon dioxide. Increased flow rates of 10-15 L/min can be used to increase the inspired oxygen concentration.
5. Continue to monitor the patient for any changes in clinical condition.

If clinical considerations permit, attempt to obtain an overall medical history, including any known lung diseases, from the patient. For example, if the patient has a history of asthma and they have an inhaler that was prescribed by their physician, it would certainly be appropriate to utilize that medication. Upper respiratory infections and pneumonia are not uncommon in children and a history of recent signs and symptoms of infection, including fever and chills, would be good information to have as well. Continue supportive care and close monitoring until EMS arrives.



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