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	Effective Date:	03-31-2022
	Document Type:	Standard Operating Procedure
	Page Number:	1 of 3
	Department/Section:	Respiratory Therapy Services
	Document Title:	PULSE OXIMETRY

PURPOSE:

1. To measure the concentration of oxygen in the blood.
2. It is also used in the evaluation of various medical conditions that affect the functions of the heart and lungs.
3. It determines monitor hypoxia and is used to facilitate early intervention

SCOPE:

Applies to all Respiratory Therapy Services staff of Dr. Pablo O. Torre Memorial Hospital

PERSON RESPONSIBLE:


Respiratory Therapists, Nurses, Inhalation Therapist

GENERAL GUIDELINES:

1. The policy on two patient- identifiers shall be observed prior to any treatment or procedure.
2. The skin integrity shall be evaluated regularly especially for prolonged patient use.
3. Determine if patient is pediatric or adult to ascertain what type of probe will be used.

PROCEDURE:


1. The Respiratory Therapist checks the physician's order.
2. Before the sensor is attached to the patient, the Respiratory Therapist checks the integrity of the sensor, oximetry cables and oximeter.
 - 2.1. Makes sure the red light in the sensor is illuminated.
 - 2.2. Makes sure the sensor indication is lit on the oximeter.
 - 2.3. Removes fingernail polish or false fingernails as it may cause inaccurate SpO2 readings.

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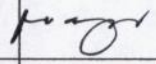

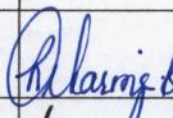
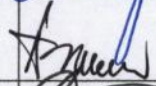

3. The Respiratory Therapist identifies the patient using the two (2) patient-identifiers.
4. The Respiratory Therapist introduce self and explain the procedure to the patient.
5. The Respiratory Therapist attaches pulse oximeter to the patient.
6. When attaching sensors with tape, the Respiratory Therapist do not stretch the tape or attach the tape too tightly. Tape applied too tightly may cause inaccurate reading and blisters on the patient's skin (lack of skin respiration, not heat causes the blisters).
7. When placing the sensor on the patient, the Respiratory Therapist allows the cable to lay across the top of the hand and parallel to the arm of the patient.
8. The Respiratory Therapist cleans or disinfects reusable sensors before attaching to a new patient.
9. The Respiratory Therapist cleans the sensor with a soft cloth moistened in water or mild soap solution. To disinfect the sensor, the Respiratory Therapist wipes the sensor with isopropyl alcohol.
10. The Respiratory Therapist encodes pulse oximeter charges and documents procedure.
11. The procedure takes 5-10 minutes to complete.


REFERENCE:

1. Nitzan M, Romem A, Koppel R (2014) "Pulse oximetry: fundamentals and technology update" Medical Devices: Evidence and Research. 7:231-239.
2. Brand TM, Brand ME, Jay GD (February 2002). "Enamel nail polish does not interfere with pulse oximetry among normoxic volunteers". Journal of Clinical Monitoring and Computing. 17(2):93-6.


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APPROVAL:

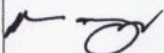

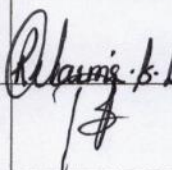
	Name/Title	Signature	Date
Prepared by:	SHIRLEY B. MALAGA, RMT, RTRP RTS Supervisor		3.7.2022
Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		3-7-2022
Recommending Approval:	ROSARIO D. ABARING, RN, MN, PhD, FPCHA Ancillary Services Division Officer		3.7.2022
	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer		3/7/2021
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		3/17/22

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	Effective Date:	07-15-2022
	Document Type:	Work Instruction
	Page Number:	1 of 2
	Department/Section:	Respiratory Therapy Services
	Document Title:	PULSE OXIMETRY

KEY TASKS	PERSON RESPONSIBLE
1. Checks the physician's order.	RTS Staff
2. Checks the integrity of the sensor, oximetry cables and oximeter prior to the procedure.	
3. Introduces self and explains the procedure to the patient.	
4. Attaches pulse oximeter to the patient.	
5. Does the procedure.	
6. Encodes pulse oximeter charges and documents procedure.	

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	Document Type:	Work Instruction
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	Department/Section:	Respiratory Therapy Services
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APPROVAL:

	Name/Title	Signature	Date
Prepared by:	SHIRLEY B. MALAGA, RMT, RTRP RTS Supervisor		7.6.2022
Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		07-06-2022
Recommending Approval:	ROSARIO D. ABARING, RN, MN, PhD, FPCHA Ancillary Services Division Officer		07-06-2022
	FREDERIC IVAN L. TING, MD OIC- Total Quality Division		7/8/22
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		

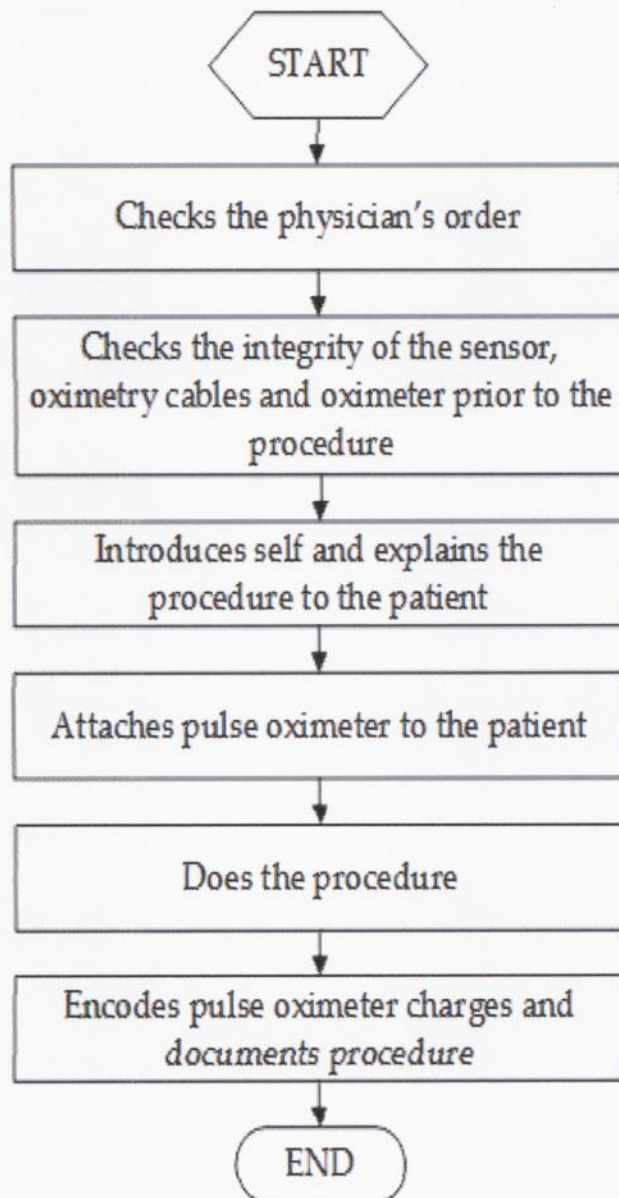



DR. PABLO O. TORRE
MEMORIAL HOSPITAL

B.S. Aquino Drive,
Bacolod City,
Negros Occidental,
6100



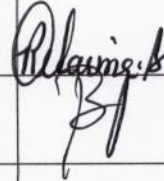
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Effective Date:	07-15-2022
Document Type:	Flowchart
Page Number:	1 of 2
Department/Section:	Respiratory Therapy Services
Document Title:	PULSE OXIMETRY

FLOWCHART



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APPROVAL:

	Name/Title	Signature	Date
Prepared by:	SHIRLEY B. MALAGA, RMT, RTRP RTS Supervisor		7.6.2022
Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		07-06-2022
Recommending Approval:	ROSARIO D. ABARING, MAN, PhD Ancillary Division Officer		07.06.2022 7/8/22
	FREDERIC IVAN L. TING, MD OIC-Total Quality Division		
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		