

# Respiratory Care Survey Readiness Tool

## Oxygen Administration

Based on the [CMS-20081 Respiratory Care Critical Element Pathway](#), this tool is designed to guide providers in preparing for the annual Ohio Department of Health survey of respiratory care and services. This tool is not all encompassing.

Facility Assessment	Yes	No
Based upon facility assessment, resident population, diagnosis, staffing, resources and staff skills/knowledge, facility has determined it has capability and capacity to provide needed respiratory care/services for a resident with a respiratory diagnosis or syndrome that requires oxygen administration. This includes at a minimum:		
• Sufficient number of qualified professional staff.		
• Established resident care policies.		
• Staff trained and knowledgeable in oxygen administration, before admitting a resident that requires oxygen administration.		
Notes:		

Observation	Yes	No
<b>Infection Control Regarding Resident Care</b>		
• During provision of any type of respiratory care/services, staff perform hand hygiene before, during (as needed), and after respiratory care or contact with respiratory equipment and ensures appropriate personal protective equipment (PPE) is used. If resident requires enhanced barrier precaution (EBP), then EBP is used.		
• Regarding enhanced barrier precaution (EBP), staff use appropriate infection control practices such as hand hygiene, and PPE while providing tracheostomy and/or ventilation care, and/or other high-contact care activities.		
<b>Resident</b>		
Oxygen (room air or O2 per liters per oxygen delivery system) is being provided as physician ordered, noting:		
• Method (e.g., nasal cannula, transtracheal oxygen catheter, face mask, etc.).		
• Continuous or intermittent.		
• Oxygen machine is set at correct liters.		
Staff assesses resident's condition and documents:		
• Vital signs with pulse oximetry.		
• Auscultation via stethoscope.		
• Presence of dyspnea (e.g., use of accessory muscles, tripod positioning, etc.).		
• Signs of infection (e.g., fever, chills, malaise, sputum, etc.).		
• Level of cognitive functioning/ability to understand.		
• Presence of coughing with or without sputum.		
• Response to oxygen (e.g., O2 saturations within normal limits, respirations easy and unlabored, etc.).		
• Need for oxygen. If not needed, staff intervened appropriately prior to providing oxygen.		
Resident does not exhibit anxiety, distress, or discomfort. If they do, staff intervene appropriately.		
<b>Equipment/Supplies</b>		
Equipment, tubing, and humidifier are clean and sanitized according to manufacturer's instructions.		
Oxygen administration equipment is stored properly.		
Oxygen precautions are observed:		
• Proper handling of oxygen cylinders.		
• "No Smoking" signs present wherever oxygen is stored and/or administered.		

Observation (Continued)	Yes	No
Emergency crash carts have appropriate supplies (e.g., oral airways, nasal trumpets, ambu bags, etc.) in clean and good working order.		
Notes:		

Interview	Yes	No
<b>Residents/Family/Representative</b>		
Resident's communication method (verbal, note pad, communication board, etc.) is known and used by all staff.		
Resident is able to access the call system and communication device.		
Resident is involved in decisions regarding their respiratory care and care reflects preferences and choices.		
Resident's respiratory needs are met.		
Resident has been provided information regarding oxygen interventions being used.		
Resident has not experienced any complications. If they have, staff intervened appropriately.		
Staff wash their hands before, during (as needed) and after providing care.		
If resident is mobile, staff have informed him/her of safety precautions and prohibitions for oxygen use.		
<b>Facility Staff</b>		
Staff know resident's response to oxygen.		
Staff is able to verbalize when and to whom they communicate changes in resident's condition, respiratory care, and equipment problems.		
Staff is able to verbalize how correct oxygen settings are communicated from one staff person to another.		
Staff has received training in oxygen administration by an appropriate trainer and oxygen administration competencies have been assessed.		
Staff is able to verbalize what special procedures are used to monitor resident's respiratory status (e.g., blood pressure, blood gases, respiratory rate, etc.)		
Staff are able to verbalize how they know that equipment is working properly.		
Staff is able to verbalize procedures and availability of equipment and staff for emergency situations.		
Staff has received training in emergency interventions and use of equipment (including storage and disposal).		
Staff is able to verbalize who is responsible to assure that machines or equipment used for oxygen administration (e.g. concentrator, etc.) is properly working, maintained, and cleaned with a disinfectant.		
Staff is able to describe infection control practices for respiratory care.		
Staff is able to verbalize safety precautions and prohibitions for residents who are mobile with oxygen.		
Notes:		

Medical Record Review	Yes	No
Resident's medical record accurately reflects his/her respiratory status.		
<b>Physician Orders</b>		
There is an order for oxygen per liter via specific delivery system (with/without humidification) and an indication for use. Order stated continuous or as needed (PRN) with parameters.		
There is an order for oxygen saturation assessments.		
There is an order for physician notification parameters.		
If the respiratory therapist has written therapy orders, there is evidence the physician delegated the task of writing orders to the therapist and supervises the qualified therapist.		

Medical Record Review (Continued)	Yes	No
<b>Assessment</b>		
Most current comprehensive MDS/CAAs sections C, GG, J and O are accurate and reflect resident's condition. (If comprehensive is not the most recent MDS, also review the most recent quarterly MDS/CAAs.)		
The facility continues to assess and monitor respiratory status and related needs such as:		
<ul style="list-style-type: none"> <li>Medical health status, including comorbidities that may affect respiratory status, such as cognitive loss, neuromuscular or skeletal disorders, cardiovascular conditions, presence of upper or lower respiratory disorders, chronic infections, central nervous system disorders, and urinary or gastric disorders.</li> </ul>		
<ul style="list-style-type: none"> <li>Respiratory function and identification of conditions that may be maintained or improved based upon interventions, or conditions that may indicate decline and need for specific comfort measures to meet respiratory needs.</li> </ul>		
<ul style="list-style-type: none"> <li>Psychosocial needs, such as depression or anxiety.</li> </ul>		
<ul style="list-style-type: none"> <li>Communication needs.</li> </ul>		
<ul style="list-style-type: none"> <li>Oral hygiene.</li> </ul>		
<ul style="list-style-type: none"> <li>Nutritional needs, bowel or bladder functioning, skin integrity, visual/hearing deficits.</li> </ul>		
<ul style="list-style-type: none"> <li>Advance directives.</li> </ul>		
<b>Care Plan</b>		
If applicable, baseline care plan addressed minimum healthcare information necessary to properly care for immediate respiratory needs of resident.		
The care plan is comprehensive and identifies respiratory care needs and other needs that may be impacted by respiratory care requirements, has measurable goals, and reveals resident involvement, preferences, choices, and addresses resident specific risk for complications.		
Care plan reflects resident specific monitoring of respiratory status.		
Care plan has been revised to reflect needed changes as applicable.		
<b>Medication Administration Record/Treatment Administration Record</b>		
Record reflects oxygen is being provided as physician ordered and resident's response to intervention.		
Record reflects assessment and documentation of resident's oxygen saturation.		
<b>Progress Notes</b>		
Record did not reflect any complications, or record did reflect complications with appropriate staff response, notification of physician/representative and change to care plan.		
<b>Respiratory Therapist</b>		
There is evidence respiratory therapists are qualified and have training and competencies to provide specialized therapy services.		
<b>Notes:</b>		

Facility Policy Review	Yes	No
Review of facility policy and procedures for respiratory care and services revealed standards of care are met regarding oxygen administration.		
<b>Notes:</b>		

For reference, CMS guides us to the [American Association for Respiratory Care Clinical Practice Guideline -Oxygen Therapy in the Home or Alternate Site Health Care Facility](#).