



PULSE OXIMETRY POLICY

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PLEASE RESPECT THE NEED FOR AN MD ORDER (FOR THE AGENCIES), ALTHOUGH NO SPECIFIC LANGUAGE EXISTS FOR MD ORDERS PER APTA

1.0 Description of the Procedure

Noninvasive pulse oximetry is assistive to evaluate conditions commonly associated with oxygen desaturation. It measures oxygen saturation using a finger sensor. Oxygen saturation is determined by measuring the light absorption of oxygenated hemoglobin and total hemoglobin in arterial blood. Pulse oximetry values shall be designated as "SpO₂" percentage

2.0 General Provisions

Use pulse oximetry as a procedure and document it likewise that the use of the same will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Therapists should spot check, SpO₂ for patients with shortness of breath during activities. If need be it could be monitored at rest, during and recovery (3 minutes after activity has been completed)
Service limitations on scope, amount, duration, frequency

3.0 General Pulse Oximetry Policy

3.1 Indications:

1. The need to noninvasively monitor the adequacy of arterial oxyhemoglobin saturation.
2. The need to quantitate the response of arterial oxyhemoglobin saturation to therapeutic intervention

3.2 Hazards/Complications:

The main hazard of pulse oximetry is in not recognizing its' limitations and improperly treating a patient with inaccurate pulse oximetry value. Factors that may affect or limit precision of pulse oximetry include:

1. motion artifact
2. abnormal hemoglobins (carboxyhemoglobin, met-hemoglobin)
3. intravascular dyes
4. exposure of probe to ambient light
5. low perfusion states
6. skin pigmentation
7. nail polish
8. inaccuracies in detecting saturations below 83%
9. inability to quantitate the degree of hyperoxemia present

NOTE: It is important to realize that pulse oximetry monitoring does not assess all aspects of respiratory function

3.3 Procedure:

This assessment may be done as a "one time" procedure or repeated at a frequency. Ensure adequate signal on monitor. Pulse signal should be strong and SpO2 reading should be stable. If not, trouble shoot for factors that can affect reading as listed above.

The SN and the Home Health agency need to be informed before contacting the MD.

3.4 Infection Control:

1. Observe standard universal precautions at all times.
2. Any obvious gross contamination or soiling will require thorough cleaning or discard.
3. The external portion of the monitor shall be cleaned with an aseptic cleaner after long periods of use or when soiled, or after contact with potentially transmissible organisms.