

CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

Manual:	Emergency Medical Services Administrative Policies and Procedures	Policy Number: 510.04 Page: 1 of 2
Subject:	Basic Life Support (BLS) Protocols PREHOSPITAL USE OF OXYGEN	
References:	California Administrative Code, Title 22, Division 9, Chapter 2	Effective: 11/15/83

I. Oxygen therapy may only be provided by EMT-I or First Responders who have completed the required EMT-I oxygen module.

A. Indications:

Oxygen therapy is required only for patients with the following conditions:

1. Acutely altered mental status for any acute neurological symptoms (i.e., seizure, syncope, stroke, etc.).
2. Respiratory distress, cyanosis, significantly altered respiratory rate, inhalation injuries, or exposures.
3. Any chest pain of possible cardiac or pulmonary etiology.
4. Shock
5. Significant abnormal heart rate, as defined in protocol.
6. Significant multiple system trauma or patient meeting regional trauma center triage criteria.

NOTE: This should not be based on mechanism of injury alone, but by the patient's condition and vital signs.

7. Any other condition specifically covered in the BLS protocols.

B. Oxygen Delivery and Dose:

1. Administer oxygen to spontaneously breathing patients according to specific protocols using either:
 - a. Low flow – Nasal cannula (6 liters/min).

Approved By: EMS Division Manager	Signatures on File at EMS Agency	Revision: 05/15/2007
EMS Medical Director	Signatures on File at EMS Agency	

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- b. High flow – Non-rebreathing oxygen mask (15 L/min). (Be sure to keep reservoir bag inflated.)
2. If patient has history of COPD: Start oxygen at 2 L/min by nasal cannula. If cyanotic, gradually increase oxygen flow until cyanosis clears. If still cyanotic on 6 L/min by nasal cannula, change to 15 L/min by non-rebreathing mask.

If the patient is on home oxygen and is chronically cyanotic, administer the patient's normal oxygen dosage and contact the Base Hospital regarding increasing the oxygen flow. Prepare to assist ventilations with bag-valve-mask, since oxygen may cause sleepiness and hypoventilation in COPD patients.
3. Use bag-valve-mask with supplemental oxygen (15 L/min) and reservoir or oxygen-powered breathing device when:
 - a. Patient is not breathing.
 - b. Patient's breathing is too shallow to ventilate adequately.

NOTE: Should not use oxygen powered breathing device on patients 5 years old or less.