Patient Safety Checklist

Oxygenation Monitoring During In-Hospital Transport For Pediatrics and Adults

Patient Name:_____ Date:_____

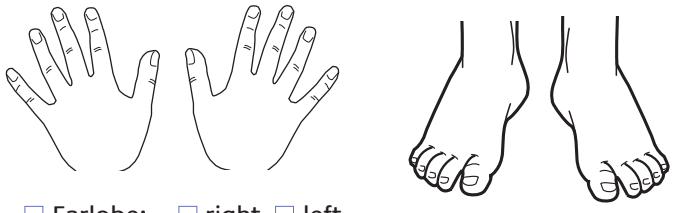
Pt.floor/Rm #:_____ Destination: _____ Time:_____ AM/PM

PATIENT READINESS FOR TRANSPORT

- Respiratory Rate: _____ Heart Rate: _____
- Observed SpO_2 level at outset: _____ %
- If applicable, target SpO_2 set @ _____ %
- If applicable, supplemental oxygen @ _____ L/min via:
  - ☐ Nasal cannula ☐ Air-entrainment mask (FiO_2 @____)
  - ☐ Other _____
- Breathing pattern:
  - ☐ Regular ☐ Irregular ☐ Shallow ☐ Rapid

MONITORING EQUIPMENT – DEVICE READINESS

- Alarm parameters
  - ☐ Low SpO_2 alarm set @ _____ %
  - ☐ High SpO_2 alarm set @ _____ %
- Pulse Oximeter:
  - ☐ Monitor, sensor and connecting cables in good physical condition
  - ☐ All controls operate as intended
  - ☐ All audio and visual alarms functional
- Battery charge: ☐ Full ☐ 75% ☐ 50% ☐ ≤ 50%
- Sensor placement: Circle location



- ☐ Earlobe: ☐ right ☐ left
- ☐ Forehead ☐ Other: _____
- ☐ Sensor is attached to patient and secured for transport

OXYGEN SUPPLY

- Estimated duration of transport:
  - ☐ < ½ hr ☐ ½ - 1 hr ☐ > 1 hr
  - ☐ Sufficient oxygen for duration of transport

E Cylinder Duration Guide

FLOW Liters per minute	500 PSIG 1/4 Full 155 liters	1000 PSIG 1/2 Full 310 liters	1500 PSIG 3/4 Full 465 liters	2000 PSIG Full 620 liters
0.5	5 hr.	10 hr.	15 hr.	20 hr.
1	2.5 hr.	5 hr.	7 hr. 45 min.	10 hr.
1.5	1 hr. 45 min.	3.4 hr.	5 hr.	6 hr. 45 min.
2	1 hr. 17 min.	2.5 hr.	3 hr. 50 min.	5 hr.
2.5	1 hr.	2 hr.	3 hr.	4 hr.
3	51 min.	1 hr. 50 min.	2.5 hr.	3 hr. 20 min.
4	38 min.	1 hr. 15 min.	1 hr. 55 min.	2.5 hr.
5	31 min.	1 hr.	1.5 hr.	2 hr.
6	25 min.	50 min.	1 hr. 17 min.	1hr. 40 min.
10	15 min.	30 min.	46 min.	1 hr.
15	10 min.	20 min.	30 min.	40 min.

- Circle estimated cylinder duration on chart
- Time oxygen cylinder started: _____ AM/PM
- Estimated time of cylinder depletion: _____ AM/PM

References

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