

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.30.69	Page 1 of 5
	Original Effective Date: 04/14/14	New Effective Date: 01/11/21
	Supersedes: 500.30.69	Dated: 04/01/17
	Administrator's Approval: Makda Fessahaye, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Oxygen Therapy		

POLICY

Division of Adult Institution facilities shall follow Medicare guidelines in considering use of oxygen therapy and the equipment medically necessary only for the patient with significant hypoxemia who meets the laboratory evidence, health conditions and documentation.

REFERENCES

Wisconsin Statutes s. 302-38 – Medical care of prisoners

DEFINITIONS, ACRONYMS AND FORMS

Advanced Care Provider (ACP) – Provider with prescriptive authority.

COPD – Chronic Obstructive Pulmonary Disease

EKG – Electrocardiogram

HCR – Healthcare Record

Hypoxemia – Abnormally low levels of oxygen in the blood.

LPM – liters per minute

mmHg – millimeters of mercury

O₂ – Oxygen

PO₂ – Partial Pressure of Oxygen

SpO₂ – Saturation of peripheral oxygen

PROCEDURE**I. Oxygen Therapy Criteria**

- A. Initial requests for oxygen therapy shall include the results of either:
1. A documented blood gas study from an off-site health care facility.
 2. A documented pulse oximetry study, indicating activity level of patient during testing.

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- B. Blood gas or pulse oximetry readings shall be completed while the patient is in a chronic stable state, not during an exacerbation of any acute illness.
- C. The following criteria shall be met to qualify for oxygen therapy:
 1. An arterial PO₂ taken on room air and at rest, reading at or below 55mmHg, or arterial or SpO₂ oxygen saturation at or below 88%.
 2. An arterial PO₂ taken during sleep at or below 55mmHg, or an arterial or SpO₂ oxygen saturation at or below 88% on a patient while awake who demonstrates an arterial PO₂ at or above 56 mmHg, or arterial or SpO₂ oxygen saturation at or above 89%.
 3. A greater than normal fall in oxygen level during sleep (a decrease in arterial PO₂ more than 10 mmHg, or decrease in arterial or SpO₂ oxygen saturation more than 5%) associated with symptoms or signs reasonably attributable to hypoxemia, such as cor pulmonale, "P" pulmonale on EKG, pulmonary hypertension or polycythemia (hematocrit greater than 55%).
 4. An arterial PO₂ at or below 55 mmHg or an arterial or SpO₂ oxygen saturation at or below 88%, taken during exercise for a patient who demonstrates an arterial PO₂ at or above 56mmHg or an arterial or SpO₂ oxygen saturation at or above 89% during the day while at rest. Documentation must be provided that portable oxygen improves the patient's exercise capability.
 5. An arterial PO₂ of 56-59 mmHg or an arterial or SpO₂ blood oxygen saturation of 89% at rest while awake, if there is evidence of:
 - a. Congestive heart failure.
 - b. Pulmonary hypertension or Cor Pulmonale.
 - c. Erythrocythemia (polycythemia) with a hematocrit of 55% or greater.
 6. Health Conditions
 - a. Short term: Severe hypoxemia (meeting the above guidelines) caused by acute pulmonary illnesses or exacerbations of chronic pulmonary illnesses such as pneumonia, asthma or COPD.
 - b. Long term: Severe hypoxemia (meeting the above guidelines) caused by progressive lung disease such as COPD, interstitial lung disease and pulmonary lymphangitic spread of carcinoma or by severe congestive heart failure.

II. Oxygen Therapy Criteria for Portable Use

- A. A portable oxygen system is medically necessary by itself or in addition to a stationary oxygen system when the patient's mobility regularly exceeds the limits of a stationary oxygen system.
- B. In Criterion I.C.2 and 3 above, coverage is provided only for use of stationary oxygen during sleep; therefore portable oxygen is not medically necessary.
- C. For off-site appointments, patients who require continuous oxygen shall be supplied with portable oxygen according to facility procedures.

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III. Medical Documentation

- A. An ACP order shall be entered in the health record for medical necessity for oxygen and equipment shall include all of the following:
 - 1. The results of specific testing for medical necessity.
 - 2. A diagnosis of the disease requiring institutional use of oxygen.
 - 3. The oxygen flow rate with specifics of varying flow rates, and or the non-continuous use as necessary with the need for portable use. Example: O2 2 LPM at rest and 2-4 LPM when ambulating to maintain an oxygen saturation of 90% or greater.
 - 4. The means of delivery (mask, nasal, cannula, etc.), with equipment change orders to be changed once a month and cleaned weekly.
 - a. If the patient requires extension tubing, that can be changed every 90 days.
 - b. Humidification is required if O2 flow rate greater than 4 LPM
 - 5. The delivery system specification (gas, liquid, or concentrator).
 - 6. An estimate of the frequency, duration of use (2 liters per minute, 10 minute per hour, 12 hours per day), and duration of need.
 - 7. Routine pulse oximetry checks.
- B. A prescription for oxygen PRN or oxygen as needed does not meet proper documentation requirements.
- C. Oxygen orders and supply and equipment changes shall be documented in the HCR.

IV. Reassessment of Oxygen Needs

- A. Reassessment of oxygen needs through pulse oximetry at rest while breathing room air is required and must be performed at minimum every three months.
- B. Reassessment shall be recorded in HCR.
- C. Short term oxygen use shall assess patient SpO2 every 30 days. Checks status while on room air to determine ongoing need for oxygen.
- D. Documentation shall include under what conditions the test was performed; at rest or while exercising. The testing shall be done with and without oxygen.

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Bureau of Health Services: _____ **Date Signed:** _____
Michael Rivers, Director of Healthcare Administration

_____ **Date Signed:** _____
Vacant, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date: 00/00/00	DAI Policy Number: 500.30.69	Page 5 of 5
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Oxygen Therapy		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS AND FORMS

FACILITY PROCEDURE

I.

A.

B.

1.

2.

a.

b.

c.

3.

C.

II.

III.

RESPONSIBILITY

I. Staff

II. Inmate

III. Other