

Standing order and instructions to nursing staff in the Kangaroo Mother Care Unit at Kalafong hospital for the monitoring and weaning of infants on Oxygen therapy

Oxygen Therapy in the KMC unit

Infants in the KMC unit receive oxygen via a nasal cannula directly from the oxygen flow meter on the wall.

The flow meters in use are for adult patients and the flow can easily be too high for the infants. It is therefore important that an infant never receive a flow greater than 1.5 litres/minute.

Because the oxygen is not humidified it is important that the infants receive saline drops on a regular basis to prevent nasal blockage, which may result in respiratory distress or apnoea attacks. Mothers should be given saline nose drops and they should be instructed to administer one drop in each nostril of their infant's nose, every 3 hours before feeding time.

Weaning procedure of infants on oxygen therapy

1. Start by reducing the oxygen administered to the infant by turning down the oxygen flow meter and then measure the infant's oxygen concentration, using a pulse oximeter. The mother can be shown how to measure her infant's oxygen levels and she can record the values.
2. The oxygen concentration of infants receiving oxygen therapy should be measured at least once a day over a 5 min period and the values recorded on the weaning chart.
3. The oxygen concentration should not exceed 95% while the infant is on oxygen therapy.
4. The oxygen concentration should not drop below 86% when the infant is being weaned from it.
5. To ascertain whether the infant is ready to be taken off oxygen therapy, the nasal cannula should be disconnected from the oxygen flow meter at the wall and measurements of the infant's oxygen concentration should be done immediately. If the value stays 88% and above over a 15-minute period the oxygen does not have to be replaced but another measurement should be done after 15 minutes. Measurements should be continued according to the following schedule if the oxygen concentration stays 86% and above.
 - Every ½ hour x 6
 - Every hour x 6
 - Every 2 hours x 4
 - Then 3 hourly x 6
 - Then 4 hourly x 6 (day 2)
 - Then 6 hourly x 4 (day 3)
 - Then once more before discharge on day 4
6. If an infant's oxygen concentration falls below 85% at any time, the cannula should be reconnected to the flow meter and oxygen therapy resumed on the level of flow that the infant was on before the weaning attempt was made.
7. If the infant develops a tachycardia with pulse rate more than 175 consistently one should also consider replacing the oxygen.
8. If the infant develops severe in-drawing and/ or signs of respiratory distress it will also be advisable to restart oxygen therapy.
9. If the staff or the mother is unsure whether to keep an infant off oxygen during the night it will be better to be too cautious and to place the infant on oxygen and remove it again the next morning.

This standing order will be updated after 3 years or when necessary.

Signed:

**Dr Elise van Rooyen,
Head of the KMC unit**

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Oxygen Weaning Recording Sheet

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