



British Thoracic Society Guideline for oxygen use in adults in healthcare and emergency settings

Public consultation/Stakeholder comment form

Name:

Organisation: Royal College of Nursing

Please indicate if you are responding as an individual or on behalf of the organisation noted above:

Individual response:

Organisation response:

Please add comments to the following table noting the section number and page number to which your comment refers.

Note 'general' in the section column if your comments relate to the whole document.

You will notice that there are 2 versions of the Guideline - full and concise. Please indicate which version each of your comments refers to.

Document Full Guideline or Concise version	Page	Line #	Comment
Full	14	543-544	To include "or sepsis"
Full	21	General	Consistent use of spelling of 'fetus' should be used in this section and standardised throughout document
Full	23	827	In the case of people with complex neurological conditions there may be an advanced decision to refuse treatment order in place in relation to invasive ventilation
Full	24	864-910	Within this peri operative section (J) there is reference made to patients requiring 'sedation'. It is unclear if this is an umbrella term to encompass all anaesthesia. The guidance points to section 8.15 and 8.16, and whilst this does expand on the use of O2 in the post & peri operative setting, it is not clear if this is guidance for all patients undergoing all types of anaesthesia (local block, general or spinal).
Full	29	1066-1071	(Amendments in red and removal of words recommended by crossing out): Adjustments should only be made by registered staff who have been trained to administer oxygen. If the oxygen saturation falls below the pre-specified range, the concentration of oxygen should be increased; if the saturation rises above this range, the oxygen concentration should be reduced. If the monitoring of oxygen saturation is performed by other unregistered staff (e.g., health care assistants), there must be a clear protocol in place which states the target saturation and requires that they should inform staff who are trained to administer oxygen if the oxygen saturation is above or below the target saturation. [Grade D]
Full	30	1275-1278	Sentence construction does not make sense

Full	34	Chart 1	Use of “peri-arrest” is too subjective. Recommend wording as in Resus Council guidelines and say “deteriorating patient”. Add in: “commence treatment with 15L O2 via reservoir mask...”
Full	35	Chart 2	Use of “peri-arrest” is too subjective. Recommend wording as in Resus Council guidelines and say “deteriorating patient”. (Amendments in red and removal of words) “given maximal 15L O2 via reservoir mask...”
Full	36	1307	Typo – ‘if’ should be ‘of’
Full	111	4415	Patient wishes in relation to treatment must be determined before initiating therapy
Full	121	4768	As above
Full	123	4837	Use of ‘de-novo’ – substitute for plain English
Full	170	6637	(Amendment in red) “by nurses or other registered healthcare professionals”
Full	171	6704	(Amendments in red and removal of words recommended by crossing out): If the monitoring of oxygen saturation is performed by other unregistered staff (e.g., health care assistants), there must be a clear protocol in place which states the target saturation and requires that they should inform staff who are trained to administer oxygen if the oxygen saturation is above or below the target saturation.
Full	General	General	SPAG needs rechecking through document, some tables are lower resolution than general text therefore are harder to read
Full	174	6843	typo
Full	175	6856-6861	As a result of the meeting with RCP and the chart remaining the same this text and the subsequent chart example will need to be altered to reflect this
Full	177	6951	(Doesn’t read well suggested amendments in red): If the oxygen saturation and physiological “track and trigger” score (e.g. NEWS) is satisfactory at 1 h and the patient has safely discontinued oxygen therapy, but saturation and physiology should continue to be monitored on a regular basis according to the patient’s underlying clinical condition.
Full	180	7036	Include health care assistants/unregistered staff
Concise	12	475-479	As a result of the meeting with RCP and the chart remaining the same this text and the subsequent chart example will need to be altered to reflect this
Concise	23	782-786	Consistent use of spelling of ‘fetus’ should be used in this section and standardised throughout document
Concise	24	836 Section K	Patient wishes in relation to treatment must be determined before initiating therapy
Concise	27	992-995	(Amendments in red and removal of words recommended by crossing out): If the monitoring of oxygen saturation is performed by other unregistered staff (e.g., health care assistants), there must be a clear protocol in place which states the target saturation and requires that they should inform staff who are trained to administer oxygen if the oxygen saturation is above or below the target saturation.
Concise	28	1034-1036	(Doesn’t read well suggested amendments in red): If the oxygen saturation and physiological “track and trigger” score (e.g. NEWS) is satisfactory at 1 h and the patient has safely discontinued oxygen therapy, but saturation and physiology should continue to be monitored on a regular basis according to the patient’s underlying clinical condition.

Concise	30	1144-1145	Use of (e.g., NEWS) in this sentence would not universally apply or be understood in all settings due to localised tailoring of observation charts. Recommend removal.
Concise	32	Chart 1	Use of "peri-arrest" is too subjective. Recommend wording as in Resus Council guidelines and say "deteriorating patient". Add in: "commence treatment with 15L O2 via reservoir mask..."
Concise	33	Chart 2	Use of "peri-arrest" is too subjective. Recommend wording as in Resus Council guidelines and say "deteriorating patient". (Amendments in red and removal of words) "given maximal 15L O2 via reservoir mask..."

Please add rows to this table as required.

Please return the completed form to:

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Deadline: 5pm Monday 18th January 2016