

# OXYGEN AUDIT



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## SOURCE/SUPPLY-SIDE AUDIT

Do we have uninterrupted standby power? If not, do we have standby cylinders?

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Are we checking and replacing filters often?

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Do we have a standby compressor in case the compressor fails?

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Is the plant using an oil-free compressor?

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## DEVICE AUDIT

If the flow is 6L/min or more, can we use a non-rebreather reservoir mask?

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Do we have a low-flow inlet and FiO<sub>2</sub> alarm in concentrators and ventilators?

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Are we checking the devices periodically for leaks?

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## PATIENT-SIDE AUDIT - 'OXYGEN ROUNDS':

Check for leaks when going on rounds - is the flow we've written the same flow that goes to the patient

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Check whether the FiO<sub>2</sub> that was set earlier is the same-FiO<sub>2</sub> normally changes when doing suction

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Stop usage of high flow nasal oxygen (HFNO/HFNC) when the patient is having food or is not on the bed

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# Oxygen Audit Checklist



## Source/supply-side audit:

- Do we have interrupted standby power?
- Is the plant using an oil-free compressor?
- Are the filters checked and replaced?
- Do we have a standby compressor in case the main compressor fails?
- Are we ensuring water doesn't get into zeolite chambers?
- Do we have low pressure alarms in all end-points (ICUs, ORs)?
- Do we have automatic changeover switches to be installed for primary/secondary backup?
- Do we have adequate standby cylinders?
- Are the cylinder banks ready to take full aid in case of primary source failure?
- Do we have staff to shift cylinders in times of failure?

## Things to remember when setting up plants:

- Are there good quality wall points installed to avoid leakage?
- Can we use copper piping to minimize leakage?
- Can we set up temporary piping through flexible high pressure gas tubing?

## Device audit:

- If the flow is 6L/min or more, can we use a non-rebreather reservoir mask?
- Do we have a low-flow inlet and FiO<sub>2</sub> alarm in concentrators and ventilators?
- Are we checking the devices periodically for leaks?
- Replace uncuffed tubes with cuffed tubes
- Is the device in use at the lowest settings for target clinical outcome?
- Can medical air be used instead of O<sub>2</sub>?
- Can the patient be switched to low pressure O<sub>2</sub> from high pressure O<sub>2</sub>?
- Can we use anesthesia machines that don't use O<sub>2</sub> to drive the ventilator?
- Reduce IPAP/PS in BPAP devices

## Patient-side audit - Oxygen rounds:

- Check for leaks when going on rounds - is the flow written earlier the same flow that goes to the patient?
- Check whether the FiO<sub>2</sub> that was set earlier the same - Has FIO<sub>2</sub> normally changed during suction?
- Stopping of high flow nasal oxygen (HFNO/HFNC) when the patient is having food or is not on the bed