

Pulse Oximetry (≥ PL1)

Clinical Indications:

1. As an adjunct to patient assessment.
2. Any patient who receives a narcotic, sedative, or paralytic medication.
3. Before, during, and after advance airway management, CPAP, or other airway intervention(s).

Contraindications:

1. None.

Notes/Precautions:

1. Special circumstances that may result in accurate pulse oximetry readings:
 - a. States of decreased peripheral perfusion - hypotension, hypothermia, hypoperfusion
 - b. Carbon monoxide poisoning, methemoglobinemia, cyanide poisoning
 - c. Excessive ambient light on the pulse oximeter probe - sunlight, florescent lights
2. Remember to treat the patient and not the pulse oximeter reading. The pulse oximeter reading should never be used to withhold oxygen from a patient in respiratory distress.

Procedure:

1. Apply probe to finger or other site as recommend by the device manufacturer.
2. Allow device to register initial saturation level and record the time and result on the ePCR. Initial readings should be on room air when possible and patient condition allows.
3. Correlate patient pulse with oximeter pulse.
4. Monitor cortical patients continuously throughout care.