

 Lakeridge Health	Oxygen Administration and Titration for Occupational Therapists – Medical Directive	
	Manual: Medical Directives & Delegated Controlled Acts	Original Date: 24JUN2025
	Section: Interdepartmental	Version Date: 24JUN2025
	Document Owner: Interprofessional Practice	Next Review Date: 24JUN2027
	Approved by: Interprofessional Collaboration Committee, Operations Committee, Pharmacy and Therapeutics Committee	
Cross Reference to: Consent to Treatment – Policy and Procedures		
<p>A printed copy of this document may not reflect the current, electronic version on Lakeridge Health's Intranet, 'OASIS.' Any copies of this document appearing in paper form should ALWAYS be checked against the electronic version prior to use. Contact policies@lh.ca for version history.</p>		

Authorizing Prescriber(s)

All Lakeridge Health Most Responsible Practitioners (MRPs) for the following Sections:

- Anesthesia
- Critical Care
- Emergency Medicine
- Medicine (Cardiology, Endocrinology, Gastroenterology, General Internal Medicine, Gerontology, Hospitalist Medicine, Infectious Diseases, Nephrology, Palliative Care, Respirology)
- Obstetrics & Gynecology (Family Medicine Obstetrics, Gynecology, Midwifery, Obstetrics)
- Adult Psychiatry
- General Surgery
- Oral Surgery
- Orthopedic Surgery
- Otolaryngology Head & Neck Surgery
- Plastic Surgery
- Thoracic Surgery
- Urology

Authorized to Whom

Occupational Therapists (OT) who have the necessary knowledge, skills, and judgement through completing the annual required uLearn education module and return demonstration may implement the medical directive while working within their scope of practice.

Sub-delegation to an OT Assistant or OT learner is not permitted.

Patient Description/Population

Adult patients (18 years or older):

- Admitted within the inpatient care units
- Patients in the emergency department

Order and/or Procedure

The procedures are not presented in sequential order; any one of or combination of the procedures in the Order Table Form may be selected by the OTs. The OTs will review the patient's diagnosis and medical history. Refer to the [Order Table Form](#).

Indications to the Implementation of the Directive

- OT referral to assess patient by MRP
- Any adult patient with indications for oxygen therapy per the [Order Table Form](#).

Contraindications to the Implementation of the Directive

The directive must not be implemented in any of the following circumstances:

- The patient is under 18 years of age
- The patient or substitute decision maker (SDM) does not consent to the procedure
- The OT has not completed the related competency aspects
- The patient is in an outpatient clinic

Consent

The OT implementing the directive must obtain consent as per the *Consent to Treatment - Policy and Procedures*. In an emergency situation, if the individual is not capable of providing consent and no SDM is present, the OT may administer treatment without consent if, in his or her opinion, all of the following are true:

- a) The person is incapable with respect to the treatment;
- b) The person is experiencing severe suffering or is at risk if the treatment is not administered promptly, of suffering serious bodily harm; and
- c) It is not reasonably possible to obtain a consent or refusal from an SDM, or the delay required to do so will prolong the suffering that the person is experiencing or will put the person at risk of suffering serious bodily harm.

If a patient or SDM refuses oxygen therapy despite evidence of need, contact the MRP immediately to determine plan of care.

Documentation Requirements

1. For oxygen administration without an order in place:
 - In addition to standard documentation practices, the OT implementing this medical directive must document in the order section of the Electronic Health Record (EHR):
 - The name of the order: Oxygen Therapy
 - Date

- A target SpO₂
 - The order mode “per medical directive” must be selected
 - OT must enter their name as the ordering provider.
 - The authorizing provider is to be the patient’s MRP.
 - The name of this medical directive in the comments section
 - In addition to entering the order for oxygen therapy as per this medical directive, the OT will document details of the significant event requiring oxygen therapy as well as with whom the OT communicated (i.e., nurse, Registered Respiratory Therapist [RRT], MRP).
2. For oxygen titration with an oxygen order in place:
- In addition to standard documentation practices, the OT implementing this medical directive must document the following in the oxygen administration section of the “OT Assess and Treat” flowsheet in the EHR.
 - In the row titled “oxygen titrated as per” select from the drop-down menu, “Medical Directive”
 - The name of the implementer and the date/time are recorded in the flowsheet.
 - The OT will document an assessment, vitals, and oxygen information in addition to communication with nursing and/or other health care team members in the appropriate flowsheet row or in a progress note.

Review/Evaluation Process

This medical directive will be reviewed by Interprofessional Practice every 2 years.

References

College of Occupational Therapists of Ontario. (2021). *Controlled acts and delegation*.

Retrieved February 28, 2024, from https://www.coto.org/docs/default-source/default-document-library/controlled-acts-and-delegation.pdf?sfvrsn=bb7a3695_8

College of Occupational Therapists of Ontario. (2023). *Standards for consent*. Retrieved

February 28, 2024, from <https://www.coto.org/standards-and-resources/resources/standard-for-consent-2023>

College of Occupational Therapists of Ontario. (2023). *Standards for record keeping*.

Retrieved February 28, 2024, from <https://www.coto.org/standards-and-resources/resources/standard-for-record-keeping-2023>

Government of Ontario. (1991). *Regulated Health Professions Act, 1991 S.O. 1991*.

Retrieved April 27, 2024, from <https://www.ontario.ca/laws/statute/91r18>

Health Professions Regulators of Ontario. (2023). *An interprofessional guide on the use of orders, directives and delegation for regulated health professionals in Ontario*.

Retrieved April 27, 2023, from <http://www.regulatedhealthprofessions.on.ca/md-guide-home.html>

This table must **not** be used independently apart from the Medical Directive

Order Table Form

Order	Indication	Contraindication	Notes
<p>Initiate oxygen via nasal prongs or mask to achieve SpO₂ of 92-98%</p> <p>For patients with COPD initiate oxygen via NP or mask to achieve SpO₂ of 88-92%</p>	<p>Signs and Symptoms of hypoxia:</p> <ul style="list-style-type: none"> • Decreased level of consciousness (LOC) • Confusion • Difficulty breathing • Diaphoretic • Cyanotic • Difficulty speaking/agitated 	<p>No Signs of hypoxia</p> <p>SpO₂ is within normal range for the patient</p>	<p>Notify the assigned nurse of the need to initiate oxygen and the patient's symptomology prior to and post oxygen therapy.</p> <p>Notify the RRT if a patient requires new and urgent administration of oxygen greater than 6 L/min NP or greater than 50% FiO₂ via mask.</p> <p>Take and document vital signs (VS) such as blood pressure (BP), heart rate (HR), respiratory rate (RR) pre and post oxygen initiation</p>
<p>Titrate oxygen via nasal prongs or mask to achieve SpO₂ 92-98%</p> <p>For patients with COPD titrate oxygen via NP or mask to achieve SpO₂ of 88-92%</p>	<p>Signs and Symptoms of hypoxia:</p> <ul style="list-style-type: none"> • Decreased level of consciousness (LOC) • Confusion • Difficulty breathing • Diaphoretic • Cyanotic • Difficulty speaking/agitated 	<p>No signs of hypoxia</p> <p>SpO₂ is within normal range for the patient</p>	<p>Notify the assigned nurse of the need to titrate oxygen and the patient's symptomology prior to and post oxygen therapy.</p> <p>Notify the RRT if a patient requires a change of oxygen greater than 6 L/min NP or greater than 50% FiO₂ via mask.</p> <p>Take and document vital signs (VS) such as blood pressure (BP), heart rate (HR), respiratory rate (RR) pre and post oxygen titration</p>