

# The history of oxygen therapy nursing essay



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The nursing process, which is an organized approach of planning, delivering, and evaluating individualized care for clients in any state of health or illness was not followed in this case. Kamila, after moving the patient from the bed to the commode should of assess the oxygen saturation of the client since the client was on 2 L via nasal cannula. The nursing process is recurrent with each steps depend on the accuracy of the previous one. With the nursing process being decisive, the goal is to provide outstanding, individualized, client-centered care. I found it vital to know the baseline assessment of my patient. As soon as Melissa informed me about the status of my patient; I assessed the patient, vital signs were within the normal range and I failed to report it to either the nurse or my team leader.

Although during report the ongoing nurse failed to mention the patient was on 2 L via nasal cannula, as the student nurse assigned to that patient I should of report the incidence and my assessment to the nurse to prevent future escalation of the patient condition. This assessment of the patient being short of Breath on exertion could be helpful in the development of the care plan of the patient in response to actual or potential health conditions or needs.

Excellent communication between the healthcare team is fundamentally imperative in taking care of a client. Constant follow up is important in comparing the baseline assessments and the actual findings to determine if the outcomes are met. In this case I didn't communicate it to nurse nor the team leader who could of reported to our clinical instructor. I was in the receiving end, and didn't take it further. This kind of poor communication is

not beneficial toward the patient outcomes or a modification in the plan of care.

As patient advocate, in taking care of a patient we need to critically think about the outcomes we want to achieve in planning care. Because Critically thinking is an intelligently well-organized process of actively and competently conceptualizing, applying, analyzing, synthesizing, or evaluating information collected from, or created by, observation, experience, reflection, reasoning, or communication, as a pilot to confidence and action. I failed to critically think in taking care of my patient by not anticipate that the nurse contact the healthcare provider, to ask for an order foe oxygen which is at this point very important in the plan care of this patient.

Oxygen therapy is a medical intervention, which involves administration of oxygen in both acute and chronic care. Oxygenation of body tissues is vital for cell metabolism and subsequent physiological functioning of the body (PLoS Medicine, 2008). According to Bailley (2010), continuous oxygen therapy is often prescribed for patients with severe Hypoxemia and Chronic Obstructive Pulmonary Disease (COPD). There are three common modes for oxygen administration. These include; compressed gas, liquid gas and oxygen concentrators. Physicians need to be extra vigilant to ensure that patients with Chronic Obstructive Pulmonary Disease receive continuous and long-term oxygen therapy. There is significant evidence that proves administration of long-term and continuous oxygen therapy increases survival of patients with severe hypoxemia but not nocturnal desaturation (Bailley, 2010).

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When subjected to long-term oxygen therapy for 24 months, the mortality rate of patients with a PaO<sub>2</sub> not exceeding 58 mm Hg reduced significantly as compared to nocturnal therapy. In a separate experiment, patients with a PaO<sub>2</sub> ranging between 40 and 60 mm Hg on long-term oxygen therapy increased their survival rate by 5 years as compared to patients under placebo (NNT, five) (Bailey, 2010). Bailey (2010) also notes that other nursing interventions found effective in COPD treatment include inhaled corticosteroids, anti-cholinergic agents, long-acting beta<sub>2</sub> agonists and pulmonary rehabilitation. However, choice of any intervention depends on the stage of the disease.

Ranchord (2009) notes that although most clinicians understand the hazards of oxygen therapy in chronic pulmonary disease and hypoxemia-induced respiratory drive patients, there is little appreciation that exposure to higher than normal physiological levels of oxygen (a condition called Hypoxemia) is associated with detrimental effects in patients with ischemic heart condition. According to Ranchord (2009), in the past years, clinicians were made to believe that inhaled oxygen increased oxygen in the arteries during acute myocardial infarctions, however; this may reduce the cardiac output, increase blood pressure and resistance to blood flow.

This incident had lead to some potential negative outcomes like the patient being short of breath. If Melissa didn't go to the room to do her initial assessment, patient could of gone to respiratory arrest. One of the probable cause of respiratory arrest is decrease respiratory drive. If respiratory arrest is prolonged, cardiac arrest rapidly follows because continuing hypoxia

damages cardiac system, harmful effect is brain damage cause by lack of oxygen to the brain and death.

Evidence-based practice is the reliable and thoughtful use of recent best indication to improve the quality care of the patients. It is important for me to provide safe and accurate patient care to avoid any negative outcome that could lead to deterioration of the patient condition. (Issel, 2010) identify patient safety has freedom from accidental injury," It has become established as a foundation of quality care for acute care institutions and, subsequently, for other health care settings in which direct care is provided. As healthcare professional I need to be vigilant in providing the safest care and anticipate that the best current evidence is use in making decisions about patient care.