4.16 Oxygen prescription compliance in a large Irish hospital – a quality improvement project Respiratory Registrar William Griffin, Respiratory Registrar Jack McCarthy, Consultant respiratory physician Cormac McCarthy

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Background: Patients are often prescribed oxygen inappropriately, if at all, which is not in accordance with BTS/ITS guidelines. Oxygen is often not considered a "drug" or given the same consideration. We endeavoured to improve oxygen prescribing through simple interventions. **Method:** We asked three questions;

- (1) Is oxygen prescribed in Kardex?
- (2) Is there target saturations set in Kardex?
- (3) Are the target saturations listed in admission note?

Data (n=40) was collected daily over a 1-week period from medical patients in E.D. on oxygen at admission. We then carried out several interventions including information sessions at NCHD teaching and circulation of an oxygen prescribing leaflet. The data was then collected again over a 1-week period in the same manner.

Results: The pre-intervention group results demonstrated very poor compliance with oxygen prescribing. Post intervention prescribing improved from 2.5->45% (Q1), 2.5->40% (Q2) and 15->60% (Q3). The most notable improvement was seen with the number of people being prescribed oxygen in the Kardex **Conclusion:** We carried out simple interventions to raise awareness of the importance of oxygen prescription and consequences of not doing so. This resulted in significant improvements which will benefit patients.

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