## Oxygen

### CLIENT CARE PLAN

**Client:**  
Pathways, CarePlan

**Client ID#:**  
1165425300

**Admission Date:**  
12-06-2006

**28 Respiration**

<table>
<thead>
<tr>
<th>Admission Rating</th>
<th>K</th>
<th>B</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desired Outcome</td>
<td>K</td>
<td>B</td>
<td>S</td>
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<table>
<thead>
<tr>
<th>Cat.</th>
<th>Target</th>
<th>Care Description Note</th>
</tr>
</thead>
</table>
| TGC              | Durable Medical Equipment  | Oxygen
1) Type & care of oxygen equipment (Compressed gas, liquid oxygen or oxygen concentrator)
2) Type and care of oxygen delivery devices (nasal cannula, mask) |
| TGC              | Safety                     | Oxygen Precautions
Teach
1) No smoking
2) Stay 5 feet away from gas stoves, candles, lighted fireplaces, or other heated source
3) Do not use flammable products like cleaning fluid, paint thinner, aerosol sprays
4) Keep fire extinguisher close by
5) Inform fire dept that oxygen is used in the home
6) If using oxygen concentrator inform electric company, so priority will be given in case of power failure |
| TGC              | Safety                     | Oxygen Precautions
1) Do not change flow of oxygen unless directed by physician
2) Do not use alcohol or take any sedating drugs because they will slow breathing rate
3) Order more oxygen from dealer in timely manner
4) Use water based lubricants on lips and nostrils, do not use oil-based product like petroleum jelly
5) Use gauze behind ears or cheeks to prevent skin irritation
6) Turn off oxygen if not using; can get on clothes and start fire |
| TGC              | Signs/Symptoms-Physical    | Other
Notify physician / healthcare team if experience any of the following:
1) Frequent headaches
2) Anxiety
3) Slow, shallow, difficult or irregular breathing
4) Any symptoms of illness |

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**Employee Signature**  

**Date**

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