

Routine oxygen administration in the PACU: should everybody receive it?

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The routine use of supplemental oxygen in the postanesthesia care unit (PACU) has traditionally been used to minimize the incidence of hypoxaemia.¹ However, with the introduction of pulse oximetry, we sought to find out if routine postoperative administration of oxygen was necessary and which group/s of patients should receive supplemental oxygen in the postanesthesia care unit if necessary.

Sixty-six patients that had various surgical procedures were involved in this observational study. Without altering routine PACU care, oxygen saturations were noted from arrival in to discharge from the PACU. Patients were assigned to two groups i.e. those that had routine supplemental oxygen and those who did not.

We observed that more of the patients that had been given general anaesthesia for procedures of the head and airway received supplemental oxygen, compared with those who had been given regional anaesthesia for procedures on the

abdomen, perineum and extremities. The administration of supplemental oxygen in the PACU has been attributed to habit rather than as a result of individual patient need.² This appears to be the case in our environment, where the use of pulse oximetry is only now gaining ground.

We also observed that only one of the patients in the no supplementary oxygen group actually had an SpO₂ value < 94 % but > 90% during admission in the PACU. This finding questions the routine administration of oxygen to all patients in the PACU.

We are therefore of the opinion that postoperative oxygen therapy should be reserved for patients with an SpO₂ of < 94 % on arrival in the PACU, particularly at this time, when there are enormous economic pressures on our specialty.

References

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