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| **OXYGEN TUBING, CHANGING OF** | | | | NO. | |
| **PURPOSE:** To change the oxygen tubing according to current infection control guidelines on a regular basis.  **EQUIPMENT:**   1. Oxygen tubing 2. Marking Pen   **PROCEDURE:**   1. Oxygen tubing will be changed weekly on the night shift 2. Mark a date on the tubing 3. Remove the old tubing 4. Place new tubing in place and set oxygen flow rate as ordered by the physician | | | | | |
| Approved: | Effective Date:  6/2012 | Revision Date: | Change No.: | | Page:  1 of 1 |