

What's New in the Patient Safety World

November 2016

Oxygen Tank Monitoring

We don't endorse vendors or products in our columns. But we recently happened to come across an article written by a company COO that highlighted a type of product sorely needed.

In our September 1, 2015 Patient Safety Tip of the Week "[Smarter Checklists](#)" we were describing how we would develop a smart checklist for intrahospital transports. In that we included the following statement: "Conceivably, the amount of oxygen remaining in the oxygen cylinder might be populated in the checklist automatically via Bluetooth or other wireless technology." That is because oxygen runs out in a substantial number of intrahospital transports (not just the transport but also the stay in the area to which the transport occurred, such as radiology). Because manually checking the gauge on the oxygen canister is often a forgotten step before transporting patients, it would be useful to have a technological tool that flags inadequate oxygen supplies.

Also, in our August 11, 2015 Patient Safety Tip of the Week "[New Oxygen Guidelines: Thoracic Society of Australia and NZ](#)" we noted that one of the items we often check on Patient Safety Walk Rounds is the status of oxygen cylinders wherever they may be stored. You'd be surprised how often we find used (empty or partially empty) oxygen cylinders interspersed with full ones. Obviously, that is a serious patient safety vulnerability since one can readily see how in an emergency someone might grab an empty cylinder thinking it is full of oxygen.

The article we recently came across ([McSheffrey 2016](#)) describes use of electronic notification technology to deliver real-time alerts about oxygen cylinder status. We have not done a search to see what other similar products might be out there. But it is nice to see that such potential safeguards are now available.

Nevertheless, we do have a couple caveats about use of such potential electronic notification technologies. One is that most rely on battery power (or at least battery backup) and batteries may run low (see our February 4, 2014 Patient Safety Tip of the Week "[But What If the Battery Runs Low?](#)" for examples of problems that might arise when batteries run low). Another potential problem is that methods of electronic communication (Bluetooth, Wi-Fi, etc.) may not work in all locations. And, most importantly, complacency may become an issue in that staff may presume the oxygen cylinder is full because they have not received a notification that it is not.

But the capability of electronically conveying the status of oxygen cylinders is potentially very useful for patient safety purposes.

References:

McSheffrey M. Simplifying oxygen tank monitoring. Long Term Living Magazine. 2016; October 3, 2016

<http://www.ltlmagazine.com/article/rehabtherapy/simplifying-oxygen-tank-monitoring>

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