

OXYGEN AUDIT

Date:

Done by:

Total no. of babies in the unit at the time of audit								
Total no. babies qualifying oxygen								
Total no. of babies given oxygen								
No. of babies with monitored Oxygen								
No. of babies with target saturations								
No. of babies qualifying for higher respiratory support								
	1	2	3	4	5	6	7	8
1. Does the baby need Oxygen(Y/N)								
If yes, reason								
2. Is the baby on oxygen (Y/N)								
a. Hood								
b. Nasal Prongs								
c. Free flow								
d. Mask								
3. Gestation								
4. Day of life								
6. Monitored SPO2(Yes/No/intermittent)								
7. Meets target saturation limits (90-95%) (Yes/High/low)								
8. If Hood – appropriate size and flow(3-5lpm)								
9. If prongs- size <50% of nostril & flow <2LPM								

