**A RE-AUDIT ON THE USE AND PRESCRIPTION OF SUPPLEMENTAL OXYGEN IN PATIENTS PRESENTING WITH ACUTE CORONARY SYNDROME IN THE CORONARY CARE UNIT**

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Background: While supplemental oxygen has been traditionally given in the management of acute coronary syndrome (ACS), research evidence suggests that giving oxygen to normoxaemic patients is potentially harmful. National Institute of Clinical Excellence and British Thoracic Society guidelines recommend that oxygen should only be prescribed when there is objective evidence of hypoxaemia (SpO2<94%) or if there are features of heart failure or shock. As a result of an audit carried out in 2010, posters summarising the above guidelines were designed to be displayed on the coronary care unit (CCU).

Aims: Reassess the use of supplemental oxygen in patients with ACS in CCU in James Cook University Hospital and determine whether performance has improved.

Method: A prospective cross-sectional observational study of all patients present on 16 consecutive days in CCU was undertaken. Demographic data, documented oxygen saturations and use of supplemental oxygen were recorded for every new patient.

Results: Data from 66 patients was obtained. 48 were diagnosed with ACS. Out of 11 patients with ACS who were given supplemental oxygen, 1 patient (9.1%) had a SpO2 of 94%, and 6(54.5%) had SpO2<94% prior to its administration. Oxygen saturations prior to its supplementation were not documented for the remaining 4 patients (36.4%). Oxygen was not prescribed on the drug chart for any of those 11 patients.

Conclusions: There is a slight improvement in performance as fewer normoxaemic patients were given oxygen. However, documentation of oxygen saturations and prescribing remain poor and could be improved by further education as this may have future implications for patient care.