Review of: "Clinical Audit: Oxygen Prescription with Target Saturations in Post Anesthesia Care Unit"

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Potential competing interests: No potential competing interests to declare.

The Authors report the results of an audit regarding oxygen prescription in the PACU. The study reveals poor compliance of healthcare professionals with established guidelines. This study has analyzed 30 cases in a single institution, without clues to extend findings to other PACUs in the region and beyond. Although the Authors highlight that their “findings were similar to those reported in the international hospital research and comparable in other hospitals without an oxygen therapy policy,” the reported results can’t be extended to other contexts, which represents a limitation of this study that has been correctly reported in the text. In addition, it is not clear whether the 30 cases were consecutive or were selected based on some criteria, which adds uncertainty to the results.

Although supplemental oxygen therapy for postoperative surgical patients is commonly administered for a variety of purposes (i.e., to prevent hypoxemia and to lower the risk of surgical site infections, just to name a few), the Authors should be aware that excess oxygen administration may be harmful for patients as well; see, for example, (McIlroy et al., 2022), the associated editorial, and the cited literature. This poses a concern that may become more critical than the gaps in tertiary care that have been highlighted by the Authors.

In any case, the highlighted final recommendations are fully shareable – at least for the institution that hosted the cases that were reported in this study.

McIlroy DR, Shotwell MS, Lopez MG, Vaughn MT, Olsen JS, Hennessy C, Wanderer JP, Semler MS, Rice TW, Kheterpal S, Billings FTt, Multicenter Perioperative Outcomes G (2022) Oxygen administration during surgery and postoperative organ injury: observational cohort study. BMJ 379:e070941.