

# 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 aim of the audit is good. How to improve clinical administration of O<sub>2</sub> in the ward (PACU of CUH) and try to improve reliability.

Although I think it is written in stiff English and the description of the study can be more precise. The limitation of the study is that the data was obtained from one institution; is your project to try to include more centers to create a protocol for the state hospitals or to apply recommendations only to your ward?

I would appreciate if the acronyms PACU and CUH had been stated at least once before they were used in the article.

When you speak of the methods in the abstract, do you refer only to the month of February or to 30 days starting from February? Also, it is not clear if the observation of the oxygen saturation was reported with the liters of oxygen prescribed to the patient or if this data is missing. Furthermore, it is not specified if the FiO<sub>2</sub> and the saturation goals were decided by a pulmonologist/anesthesiologist or a physician working in the ward and which FiO<sub>2</sub> and saturation targets were applied.

It is written that the 30 patients were *chosen* from the PACU, but the inclusion/exclusion criteria are not stated. Do we know what type of surgery was performed on the patients? Do we know how many beds are in the PACU?

About the results presented in tables, I found the tables unclear. I will suggest doing a big table with all the descriptive statistics, including the numbers of patients because there were only 30. If you have the data, you can also state the saturation rate in the table and see if there were differences in the subgroups related to this data. Specify which are the target saturation rates (e.g., if the saturation rate is lower because the patient has COPD as a comorbidity or other comorbidities such as heart diseases). If doable, you can add in the table the average number of days the patients required oxygen.

I found the recommendations feasible and useful to improve clinical practice.