

# 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.

This paper reports an audit of the oxygen prescription process for just 30 patients on a single Post Anaesthesia Care Unit, of whom, I think, only one patient had a valid oxygen prescription, which greatly limits the value of the rest of the paper.

The paper is written in very unclear English. I had great difficulty trying to figure out what many of the sentences actually meant. If a re-submission is planned, the authors should ask several colleagues who are not involved with the project to read the paper and to provide feedback prior to and after a major revision of the paper.

The authors state in the methods section that they audited PACU patients prospectively over 30 days. However, the abstract says that patients were monitored in February 2024, which had only 29 days. It seems unlikely that only 30 patients were treated in the unit in 29 or 30 days. I am especially concerned to read the first sentence in the Methods section, which says that 30 patients were "chosen." A valid audit would study all patients who were treated in the study period or at least select patients at random. An audit process would not be valid if there was a chosen selection of patients.

The presentation of the results is very confusing and impossible to follow. There are seven tables that all have two columns called "Valid" and "Percent" and three rows called "Yes," "No," and "Total". For most of the seven tables, I am quite unable to determine what "Yes" and "No" refer to. The tables all provide percentages with one decimal point. However, as there were only 30 patients, it would be preferable to use numbers instead of percentages. For example, the first table would simply say "1" instead of giving a spurious sense of precision by saying "3.3%."

The referencing is especially problematic; many of the numbered references do not match the listed numbers, and there is also a separate list of un-numbered references.

The authors mentioned in the abstract (but not in the introduction) that one of the key indications for the routine use of postoperative oxygen in the past was to try to lower the risk of surgical site infection. However, they should be aware that some of the papers promoting that practice were found to be fraudulent and that recent meta-analyses have questioned the value of using oxygen for this indication. (e.g., Shaffer, Scott K. "Supplemental Oxygen and Surgical Site Infection in Colorectal Surgery: A Systematic Review and Meta-analysis." *AANA journal* 89.3 (2021) and Smith, B.K., Roberts, R.H. & Frizelle, F.A. O<sub>2</sub> No Longer the Go<sub>2</sub>: A Systematic Review and Meta-Analysis Comparing the Effects of Giving Perioperative Oxygen Therapy of 30% FiO<sub>2</sub> to 80% FiO<sub>2</sub> on Surgical Site Infection and Mortality. *World J Surg* **44**, 69–77

(2020). These references should be cited.