

# 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. Heinrich Worth: no potential competing interests.

H. Worth: Review of the paper "Clinical Audit: Oxygen Prescription with Target Saturations in Post Anesthesia Care Unit" by M. Hassan et al.

The problem of correct oxygen prescription and monitoring with target saturations in different patient populations is well described in the German S3- Guideline for oxygen therapy in the acute care of adult patients (S. Gottlieb et al., Pneumologie 2022, 76:156-216). All the problems in the clinical audit by Hassan et al. are addressed in this S3 guideline. Therefore, this paper should be discussed. It should also be analyzed whether some patients got too much oxygen. Documentation of indication, kind of oxygen supply, duration, and height of oxygen flow should be given as mentioned in the German Guideline.

Abbreviations like CUH or PACU should be defined.

The tables should get numbers and titles. It should be declared whether the numbers within the tables were given by patients, nursing staff, or doctors. Does the comment in the first table mean that patients answered the question on local oxygen policy?

Who decided whether an oxygen prescription was valid or not? Was the validity of the prescription correct for the initial start with oxygen or for the whole course of oxygen therapy?

The sentence on oxygen monitoring with 100% yes and 9% no should be clarified.

The term "valid signature" should be defined.

Due to the small number of subjects, the analysis over 1 month in only 1 centre, lacking patient characteristics of the patients with respect to risk or no risk of hypercapnia during oxygen therapy, and the difficult-to-interpret results, I am sorry to refuse the paper for publication in the journal.

Further remarks:

The tables should

