ASSESSMENT & PREPARATION

Flow Splitter

A flow splitter divides oxygen from one source to several patients at independent low flow rates (0.1–2 L/min)

USE FOR
Nearly all sick infants may benefit from oxygen therapy

STANDARD OF CARE
Target SpO2 is
• 90–95% for patients on O2
• 90–100% for patients off O2

PREPARE DEVICE
Open all flow splitter regulators
Connect flow splitter tubing from oxygen source to flow splitter inlet port
Turn on oxygen source

CHECK DEVICE
Read flow meter at eye level and measure at the middle of the ball

ADJUST DEVICE
Set oxygen source flow to provide a flow of at least 1 L/min oxygen more than the total requirement from all ports in use
When you alter one valve flow, check that the others have not moved and you adjusted the right valve for the intended newborn

PREPARE PATIENT
Follow handwashing protocol
Wear gloves if needed
Ports can be used in any order
Set required flow for the intended newborn
Connect tubing and place the cannula with appropriately sized nasal prongs on the patient

MONITOR PATIENT
Monitor using a pulse oximeter
Adjust flow regulator up and down until patient saturations reach 90–95%
Assess RR, HR, work of breathing, and nostril patency while on oxygen therapy

COMPLICATIONS
• Dangerous device positioning
• Inappropriate flow delivery
• No flow coming out of splitter

DISINFECTION & INFECTION PREVENTION
• Clean hands with soap and water or alcohol before and after handling materials that will be used on a patient
• Begin reprocessing oxygen tubing according to ward guidelines immediately after use
• Clean unit housing and regulators with 70% alcohol after every use
• Refer to the General Infection Prevention Module

Any concentration of oxygen administered without appropriate monitoring of blood oxygen saturation can cause harm
Flow Splitter

Units should be mounted and secured in a location where nursing staff can regulate and view flow meters easily. If improperly secured, flow splitters may fall on to patients, causing permanent or fatal damage.

DAILY MAINTENANCE

Always wipe the flow splitter and oxygen source with alcohol using gauze or cotton swabs before first use and between patients.

If there is no flow from all ports of the flow splitter

- Check that the oxygen source is on and that oxygen is flowing from the outlet port
- Check that the flow splitter tubing is securely connected to the oxygen source

If there is no flow from one port of the flow splitter, but other ports are functional

- Check the outlet port of the flow splitter for visible blockages like dirt or other debris
- If debris is visible, use a test tube brush or thin rod covered with gauze to remove
- Disinfect port with alcohol after debris has been removed
- Check with your hand that oxygen is now flowing

If oxygen is flowing from the flow splitter port, but not from the oxygen tubing or nasal prongs

- Visually check the tubing for kinks, blockages or bends
- If you see any of these obstructions, replace the tubing or nasal prongs
- Test flow coming from nasal prongs in water

PREVENTIVE MAINTENANCE

The flow splitter should be connected to an oxygen source and used for at least 15 minutes once a week. Each regulator should be allowed to flow at its maximum flow for this period of time.

Contact a technician or maintenance department if device continues to not work properly after addressing the common issues.