Applying humidified oxygen mask sets on our post-operative patients was accepted practice. Whose practice? Why were we using a system that required time to assemble bulky tubing and took up cubicle storage space? Simultaneously, could we not reduce our contribution of waste into our landfills? Couldn’t we all engage in cost cutting? We set about finding out the best practice. The literature and evidence led us to redefine our supplemental oxygen delivery. Replacing a humidified mask system with a simple oxygen mask was tested in other studies and found to be effective and safe. We made the change and our patients complained less about the ill fitting humidified mask system. With over 6000 masks needed per year, replacing the costly humidified mask assembly with the simple oxygen mask saved us one dollar with each mask or at least $6000/ year. Increased use of regional anesthesia has also played a role in our ability to become more cost effective. Oxygen saturation levels for the majority of these patients can be safely maintained on nasal cannula.

Our PACU is empowered after this trial, as we define our own practice. We learned a lot about EBP and research and are anxious to tackle other practice questions.