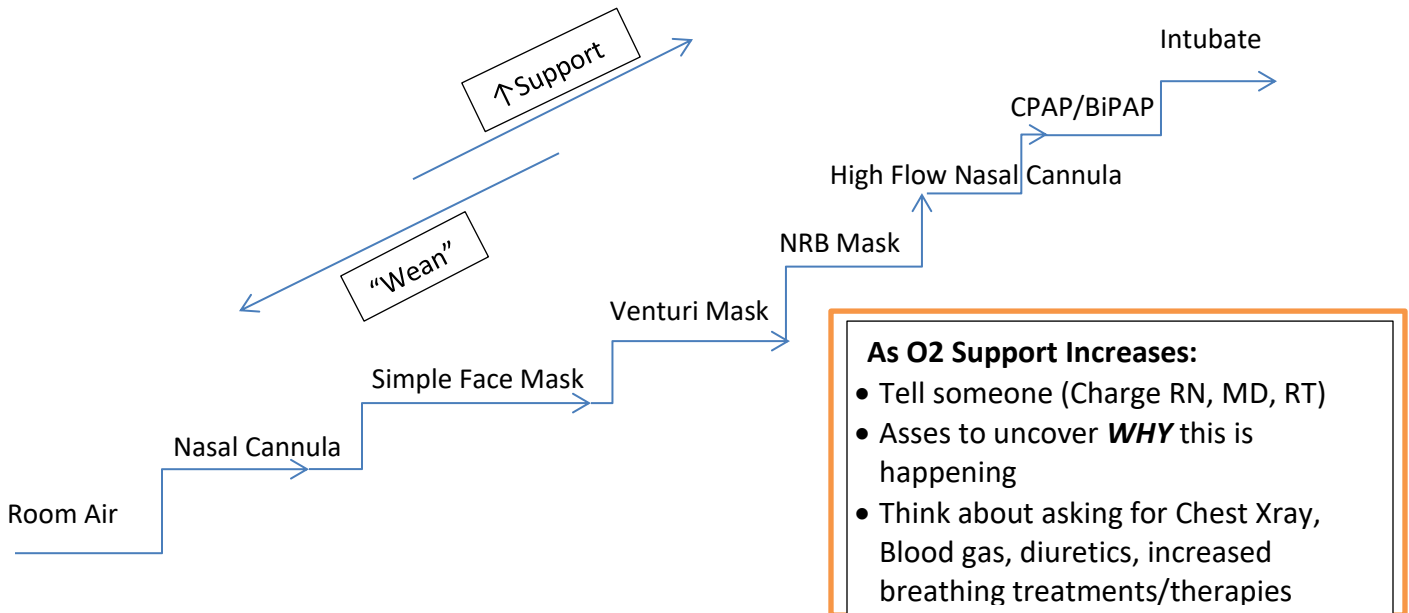


Basic Guide To Escalating Oxygen Needs



Is it common practice to go up each stair until the adequate device is found?

- No, but it comes with experience
- With experience, you will learn which patients need to go from a nasal cannula straight to BiPAP (as an example) and which patients can go to a Venturi mask, based on their work of breathing and symptoms

Room Air:

- For the patient with no respiratory distress and O₂ saturations ≥ 94 (or ordered O₂ sat level)
- **You must increase oxygen support if** patient cannot maintain desired O₂ sat level, has increased work of breathing on current O₂ administration type, is becoming unstable

Nasal Cannula:

- Used at 1-6L
- One of the first interventions to try if O₂ sats < 94
- Also try having patient use Incentive Spirometer if O₂ sats are low

Simple Face Mask:

- Rarely used anymore (usually we go straight to a Venturi mask after 5-6L nasal cannula)
- Can cause CO₂ to be re-breathed

Venturi Mask:

- Used if nasal cannula at 5L (or patient complains at 6L) does not maintain desired O₂ sat level
- Can control the FiO₂ precisely (Start at 30%, increase as needed by changing pieces and increasing O₂ Flow)

Non-rebreather mask (NRB):

- Used at 12-15L when Venturi mask not maintaining desired O₂ sat level
- Check your policy on how long you can leave a patient on NRB

High Flow Nasal Cannula:

- 5-60L of adjustable flow
- 21-100% FiO₂

CPAP/BiPAP

- Can adjust FiO₂ up to 100%
- Can adjust pressures (will cover in another post)

Intubate

- Can adjust FiO₂, pressures, use advance modes of ventilation