

OXÝGEN Administration

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OXYGEN THERAPY

• Is the administration of oxygen as a medical intervention, which can be for a variety of purpose in both acute and chronic patient care.

• Oxygen Therapy is used when low blood level oxygen is present.

INDICATION

- COVID-19
- Cyanosis
- Anemia
- Shock and circulatory failure
- Hemorrhage and air hunger
- Critically ill patient
- Asphyxia
- Breathlessness





NASAL CANNULA

Is a simple device that tow cannula about 1.5 cm long protrude from the center the disposable tube and are inserted in to the nares.

Flow Rate 4L/min



SIMPLE M&SK

- Used to administer low to moderate concentrate of oxygen.
- Body of mask itself gathers oxygen between breathes
- Patient inhale air from mask and also room air through exhalation ports.
- Patient exhale directly through ports in the body of mask.

Flow Rate 5 – 8 L/min



PARTIAL REBREATHE MASK

- Has a reservoir mask that must remain inflated during both inhalation and exhalation.
- Oxygen enter the mask through small bore tubing that connect at junction of the masks and bag.
- During inhalation air is drown from mask, reservoir bag and from room through exhalation ports.
- On exhalation one third of air fills the bag the remining air is exhaled through ports.
- *Flow rate 8 12 L/min*



NON REBREATHER MASK

Similar design as that of partial rebreather mask.

One way valve between mask and bag

One way valve at exhalation port

Flow rate 10 – 15 L/min



VENTURI M&SK

- Most reliable and accurate method of delivering oxygen through non invasive means
- Allow constant flow of room air blended with fixed flow of oxygen.
- Uses Bernoulli of air entrainment.
- For each liter of oxygen that passes through jet orifice a fixed amount of room air is entrained.
- Excess gas along with carbon dioxide leaves through the exhalation ports.
- Flow rate 4 8 L/min





VENTURI MASKS / VALVES

Color	Required flow rate*	FiO ₂
Blue	2–4L/minute	24%
White	4–6L/minute	28%
Yellow	8–10L/minute	35%
Red	10–12L/minute	40%
Green	12–15L/minute	60%

OXYGEN TENT

- Consists of a canopy placed over the head and shoulders or over the entire body of patient to provide oxygen at higher level than normal.
- Floe rate 8 20 L/min



TRANSTRACHEAL OXYGEN TUBE

- Required a minor surgery to insert a catheter through a small incision directly into the trachea.
- No oxygen is lost in the method



OXYGEN THERAPY GUIDELINE

- Target saturations: 94-98%
- If SpO₂ <85%, use reservoir mask at 15L/minute O₂ flow initially.

If SpO₂ >85%, titrate oxygen flow via nasal cannula (2-6 L/minute O₂) or simple face mask (5-10 L/minute O₂) to achieve 94-98% saturation. If unable to achieve or maintain target range, switch to reservoir mask (15 L/minute O₂) and seek senior advice.

CRITICALLY ILL PATIENTS

- Use **reservoir masks at 15L/minute O2** flow initially in all patient groups pending arterial blood gas (ABG) analysis.
- Once stable, if there is a reliable oximetry reading then titrate oxygen to aim saturations at 94-98% (88-92% if ABG confirms hypercaphic respiratory failure).
- In carbon monoxide poisoning continue high flow oxygen at 15L/minute regardless.
- *Examples of critical illness can include: cardiac arrest or resuscitation, shock, sepsis, major trauma, drowning, anaphylaxis, major pulmonary hemorrhage, status epilepticus, major head injury, carbon monoxide poisoning.

