

Hypoxia
2/12/17

ED Hypoxia =

- <94% SaO₂ without lung pathology
- <90% SaO₂ with lung pathology

If the patient is hypoxic, then they need oxygen administration!

Attempt least invasive measures first unless patient is doing really poorly.

Approach to O₂ administration:

1. **Nasal cannula (NC):** Titrate from 1-6L/min (~24%-44% FiO₂). Usually start at 2L/min.
2. **Venturi mask ('venti mask')**
 - Has a bag of colorful adaptors, swap them to change FiO₂ with O₂ flow adjustment
 - Try 10L/min (red adaptor; 40% FiO₂) or 15L/min (green adaptor; 60% FiO₂)
3. **Non-rebreather mask (NRB)** = 100% FiO₂ (the one with a floppy bag on it) and needs >15L/min O₂ flow to work properly
4. **BPAP and CPAP** (NPPV = non-invasive positive pressure ventilation): 21% - 100% FiO₂
 - Adds positive pressure -> CPAP: P_{insp} = P_{exp} BiPAP: P_{insp} > P_{exp}
 - Use often in patients with COPD or CHF. Decreases work of breathing and increases ventilation (PEEP helps keeps alveoli open)
 - Aspiration risk if pt not awake
5. **Intubation:** for patients that fail attempts at other devices or are doing really poorly

Quick Facts

- FiO₂ = fraction of inspired oxygen, atmospheric (room air) is 21% at sea level.
- Increase oxygen administration by increasing FiO₂.
- **Hyperoxia is bad and can kill people. It's a bad idea to put oxygen on pts having MI/severe illness if they are not hypoxic! Further reading in references below.**
- FiO₂ for NC is roughly atmospheric oxygen (21%) + 4% per liter. Using 20% makes easy math, and it's an estimate anyways =) So **2L is equivalent to about 28% FiO₂.**
- Ask a nurse/MD: where is a venti, NRB, bag mask and how do I use them + set them up?

References

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