

**CLASS: A**

**PROTOCOL(S) USED IN: All when indicated**

**PHARMACOLOGY AND ACTIONS:**

Raises the amount of oxygen in the blood and the amount delivered to the tissues.

**INDICATIONS:**

- A. Suspected hypoxia or respiratory distress from any cause.
- B. Acute chest pain where MI is suspected.
- C. Shock from any cause
- D. Major trauma
- E. Carbon monoxide poisoning

**CONTRAINDICATIONS: None**

**SIDE EFFECTS AND NOTES:**

- A. DO NOT WITHHOLD OXYGEN from patients with COPD. Be prepared to assist ventilations if needed. Initial flow should be no greater than 2lpm to start.
- B. Consider **Oxygen** to maintain a SpO<sub>2</sub> ≥ 94%.
- C. Patient should be breathing adequately on their own, if not, assist with BVM.
- D. Oxygen supports combustion, use caution.
- E. Non-humidified O<sub>2</sub> is drying and irritating to mucous membranes.

DOSAGE	INDICATIONS
Low Flow (1-2lpm)	Patients with chronic lung disease
Moderate Flow (4-6lpm)	Precautionary use for trauma, chest pain
High Flow (10-15lpm)	Severe respiratory distress

OXYGEN THERAPY			
Method	Device	Flow Rate	O <sub>2</sub> % Inspired Air
Low Flow	Nasal Cannula	1-2 lpm	25-28%
Moderate Flow	Nasal Cannula	6 lpm	50-60%
High Flow	Non-rebreather mask	10-25 lpm	90+%