



## 31. OXYGEN

### a) Pharmacology

- (1) Increases oxygen content of the blood
- (2) Improves tissue oxygenation
- (3) Decreases energy expended for respirations

### b) Pharmacokinetics

Changing the percentage of inspired oxygen results in an increased blood and tissue level equilibration within 5–20 minutes.

### c) Indications

- (1) If evidence of hypoxia (Less than 94% SpO<sub>2</sub>)
- (2) Respiratory distress
- (3) Cardiopulmonary arrest
- (4) Trauma
- (5) Suspected CO exposure
- (6) Dyspnea

### d) Contraindications

Not clinically significant

### e) Adverse Effects


High concentrations of oxygen will reduce the respiratory drive in some COPD patients; these patients should be carefully monitored.

### f) Precautions

- (1) Never withhold oxygen from those who need it.
- (2) Oxygen should be given with caution to patients with COPD.
- (3) Simple or partial rebreather face masks must be supplied with a minimum 6 lpm.
- (4) Non-breather (NRB) face masks must be supplied with a minimum 12 lpm.

### g) Dosage

- (1) Adult: Administer 12–15 lpm via NRB mask or 2–6 lpm via nasal cannula, as needed. CO exposure: Administer 100% oxygen via NRB mask. Maintain SpO<sub>2</sub> at 100%
- (2) Pediatric: Administer 12–15 lpm via NRB mask or 2–6 lpm via nasal cannula, as needed. CO exposure: Administer 100% oxygen via NRB mask. Maintain SpO<sub>2</sub> at 100%

Percent O <sub>2</sub> Saturation	Ranges	General Patient Care
94–100%	Normal	Give oxygen as necessary
91–93%	Mild Hypoxia	Give oxygen as necessary
86–90%	Moderate Hypoxia	Give 100% oxygen Assisting Ventilations if necessary
less than or equal to 85%	Severe Hypoxia	Give 100% oxygen Assist Ventilations If indicated, Intubate
 INACCURATE OR MISLEADING SpO <sub>2</sub> READINGS MAY OCCUR IN THE FOLLOWING PATIENTS: HYPOTHERMIC, HYPOPERFUSION (SHOCK), CO POISONING, HEMOGLOBIN ABNORMALITY, ANEMIA, AND VASOCONSTRICTION.		