

About this resource



With collaborators & support from multiple institutions, including:



Last updated June 2021

Disclaimer

This document is intended to be educational in nature and is not a substitute for clinical decision making based on the medical condition presented.

This content is a collaborative effort by representatives of multiple institutions, and this document and the information herein are intended and designed for educational purposes only. You should not rely on this information to replace professional medical advice, diagnosis, and/or treatment, nor should this information ever be used as a substitute for either manufacturers' instructions and guidance or clinical decision-making based on the medical condition presented. It is the responsibility of the user to ensure that all information contained herein is current and accurate, and the creators and hosts of this content make no claims or warranties as to the currency, accuracy, or suitability of this information for any purpose. Any reference to specific equipment, pharmaceuticals, or other medical devices in this document is not meant as an endorsement of such items, and you should consult manufacturers' documentation prior using any such items that may be referenced here. The use of any information in this document is undertaken solely at your own risk, and the creators and hosts of this content shall not be liable for any damages, losses, or other injury caused by the use of any information in this document, nor for any reliance on the accuracy or reliability of such information.

How to Use This Document

This is a living document, created by created by nurses, physicians, respiratory therapists and other healthcare providers from multiple institutions and multiple countries via the OpenCriticalCare.org project.

The goal of this document is to provide tools that can be locally modified to help healthcare providers learning to provide respiratory care for hospitalized patients.

For qualified personnel, please **copy or download this file and then modify the document** to fit your needs, the most current data and local resources. For Google documents, this can be done by going to the "File Menu" at the top left of this window and selecting "File" → "Download" then select the format you prefer. Alternatively you can select "File" → "Make a Copy" then use a copy in Google Slides to make your edits. For pdf document please contact us below for an editable file.

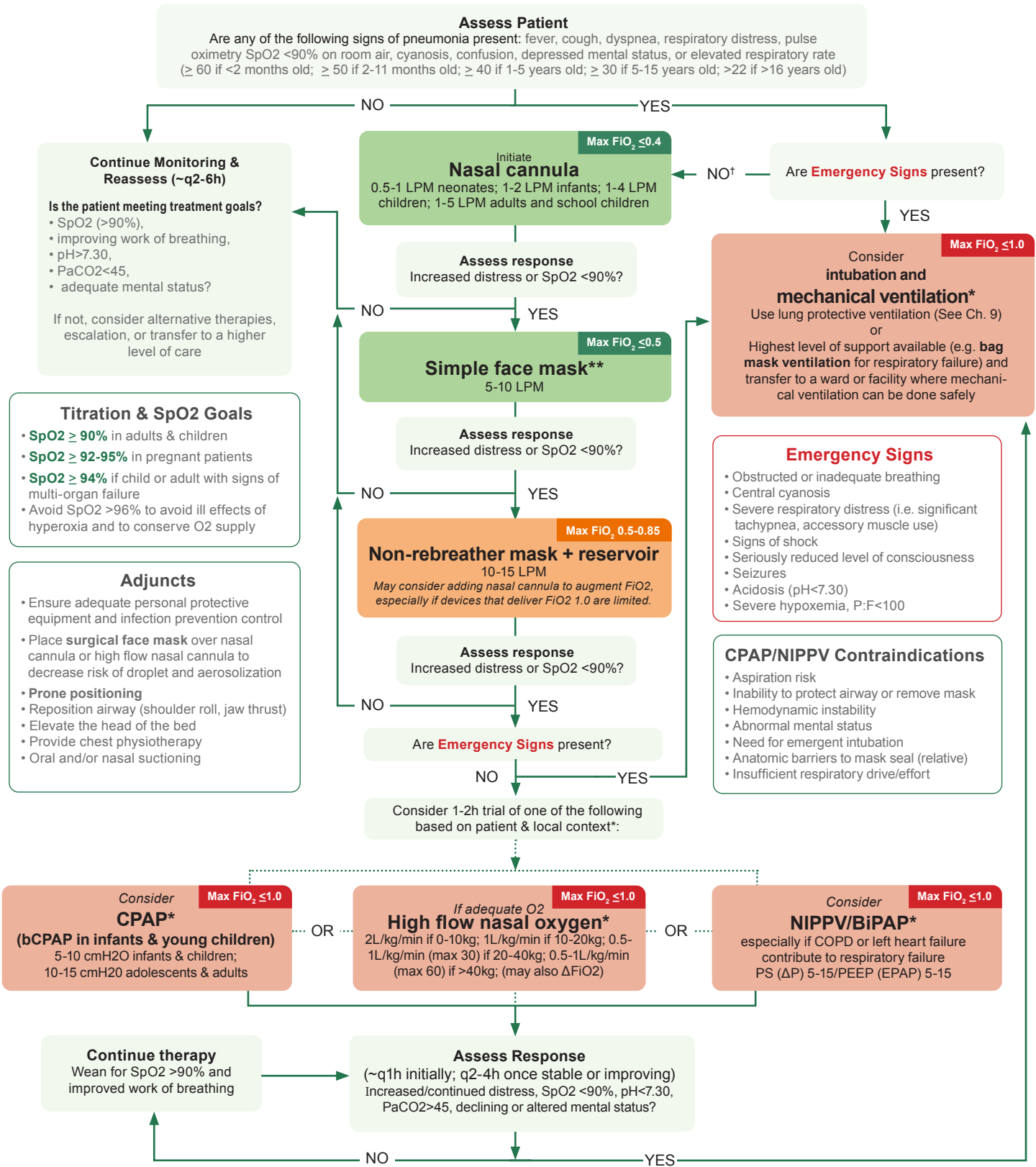
To Print: select "Print" from the file menu at the top left. You may need to scale the size to fit your preferred paper size.

Please check back regularly for updates and send any questions or comments to us [here](#).

This work is licensed under a Creative Commons Attribution-NonCommercial-Sharealike 4.0 International License.



Oxygen therapy escalation algorithm



[†]Initial O₂ delivery device should be selected to match the severity of hypoxemic respiratory failure (mild, moderate or severe) based on clinical assessment.

* Selection of optimal delivery device should be based on local clinician's judgment and risk-benefit assessment tailored to the individual patient, global and local outcomes data, as well as local resources including O₂ supply, skill of personnel, availability of consumables, monitoring and therapeutic adjuncts, among other factors.

** Venturi/entrainment face masks deliver FiO₂ 24-60%, depending on flow rate and device setup

LPM (liters per minute), EPAP (expiratory positive airway pressure), PS (pressure support), COPD (chronic obstructive pulmonary disease), SpO₂ (oxygen saturation), PaCO₂ (arterial partial pressure of carbon monoxide), P:F (ratio between arterial partial pressure of oxygen and the fraction of inspired oxygen - FIO₂), CPAP (continuous positive airway pressure), bCPAP (bubble CPAP), NIPPV (non-invasive positive pressure ventilation), BiPAP (bi-level positive airway pressure); Δ - change