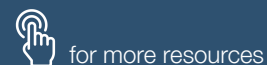


About this resource



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.

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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.

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Adult oxygen therapy escalation algorithm

A medical mask should be placed over nasal cannula or HFNO for patients with suspected or confirmed highly infectious respiratory illness (e.g. COVID-19)



- Start oxygen at 1-5 L/min
- Use **nasal prongs**
- Assess response

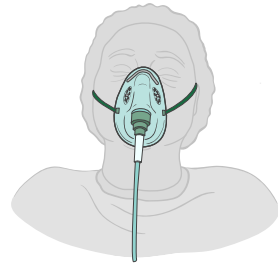
FiO₂ 0.23 - 0.4

If continued distress or SpO₂ < 90%
(<94% if emergency signs; <92-95% if pregnant)



- Consider **air entrainment mask** if hypoxemic respiratory drive (e.g. known hypercarbia in COPD)
- Titrate oxygen **2-15 L/min** by color

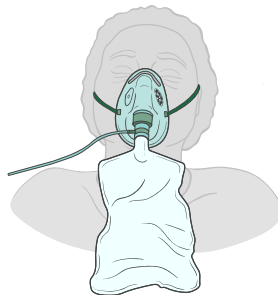
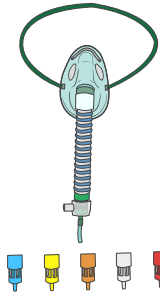
FiO₂ 0.24 - 0.6



- Use **face mask**
- Increase oxygen to **5-10 L/min**
- Assess response

FiO₂ 0.3 - 0.5

If continued distress or SpO₂ < 90%
(<94% if emergency signs; <92-95% if pregnant)



- Use **face mask with reservoir**
- Start oxygen at **10-15 L/min** & titrate to **ensure bag inflates**

FiO₂ 0.5 - 0.85

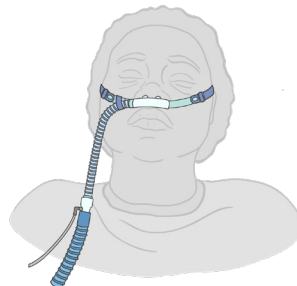
If continued distress or SpO₂ < 90%
(<94% if emergency signs; <92-95% if pregnant)



Heated humidification systems should be used with HFNO and BIPAP/CPAP.



Oronasal BIPAP/CPAP



HFNO

- Continue to try to find a higher level of care and consider one of the following if available and adequate O₂ supply:

HFNO: 30-60 LPM (may also adjust FiO₂)

CPAP: 10-15 cmH₂O

BIPAP: PS (Δ) 5-15/PEEP (EPAP) 5-15

FiO₂ 0.21 - 1.0

If continued respiratory distress or SpO₂ < 90% on 15L/min, further clinical management decisions should be made based on individual patient characteristics, local resources and expertise.

Wean O₂ flow & avoid SpO₂ 100% to avoid ill effects of hyperoxia & excess O₂ consumption. Optimal SpO₂ may vary with locally available resources.

CPAP - continuous positive airway pressure; BIPAP - bilevel positive airway pressure; HFNO - high flow nasal oxygen; LPM - liters per minute; Δ - delta; PS - pressure support; PEEP - positive end expiratory pressure; EPAP - expiratory positive airway pressure

Algorithm modified from: [IMAI district clinician manual: hospital care for adolescents and adults - guidelines for the management of common illnesses with limited resources.](#)



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