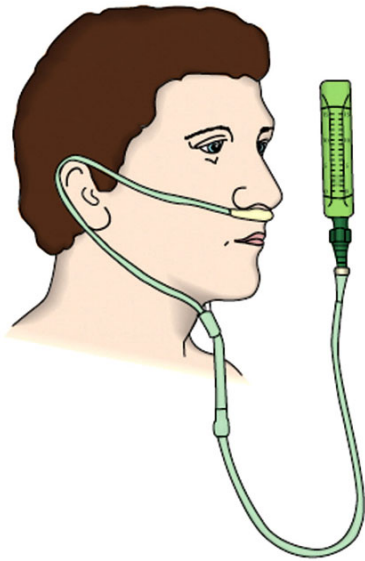


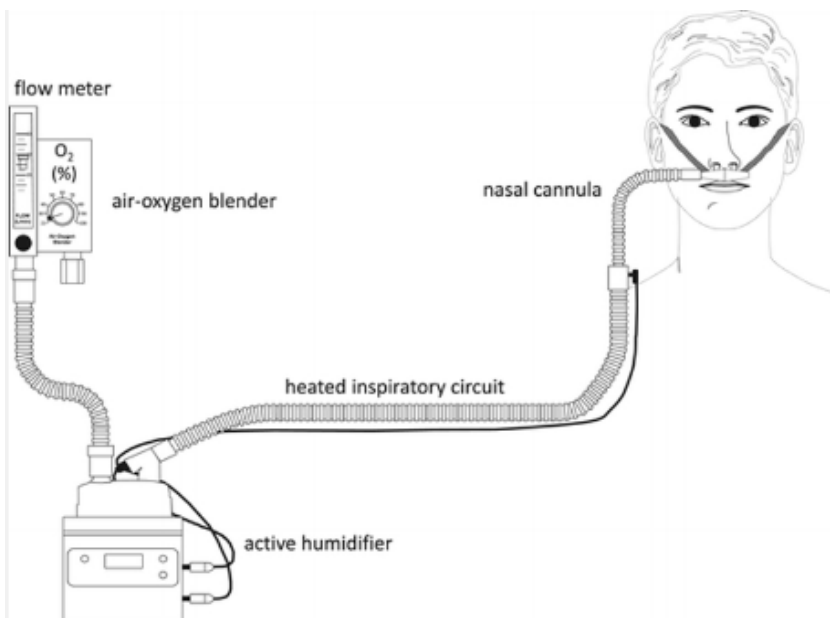
# Oxygen Delivery Systems

## Nasal Cannula



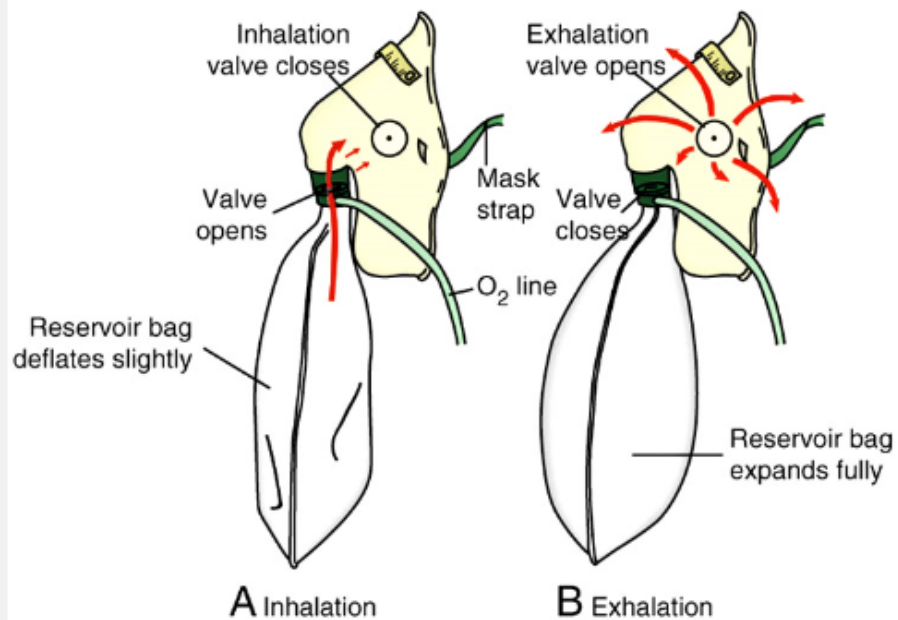
- 1-6 L/min
- 4-6L should be humidified.

## High-Flow Nasal Cannula Oxygen Therapy



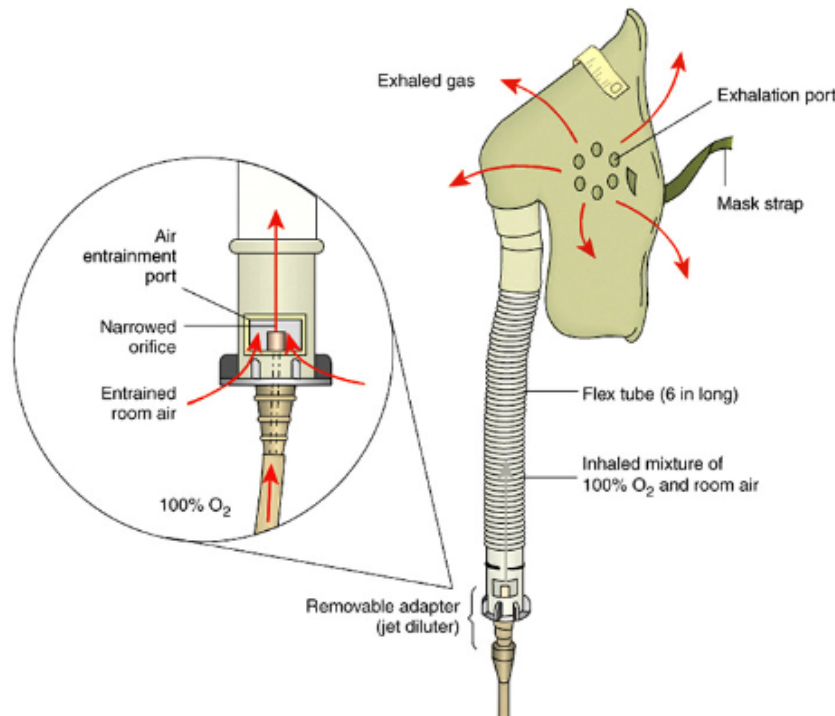
Principle setup of high-flow nasal cannula oxygen therapy. An air-oxygen blender, allowing from 0.21 to 1.0 fraction of inspired oxygen, generates up to 60 L/min flow. The gas is heated and humidified through an active heated humidifier and delivered via a single-limb heated inspiratory circuit. The patient breathes the adequately heated and humidified medical gas through nasal cannulas with a large diameter. (From Nishimura, M. [2015]. High-flow nasal cannula oxygen therapy in adults. *Journal of Intensive Care*, 3[1], 15.)

## Nonrebreather Mask



(Top) Nonrebreather mask in place, attached to an oxygen flowmeter. (Bottom) Arrows indicate the direction of gas movement on (A) inhalation and (B) exhalation. (From Pierce, L.N.B. [2007]. *Management of the mechanically ventilated patient* [2nd ed.]. St. Louis: Saunders.)

## Venti Mask



Air entrainment mask (also known as a *Venturi mask* or *Venti mask*). Oxygen flowing rapidly through a narrowed orifice creates an area of low pressure that entrains room air through the air entrainment port. (From Pierce, L.N.B. [2007]. *Management of the mechanically ventilated patient* [2nd ed.]. St. Louis: Saunders.)

Table 1 Oxygen Delivery Devices				
Oxygen delivery Device	Oxygen flow (L/min)	FIO <sub>2</sub>	Advantages	Disadvantages
<b>Nasal Cannula<sup>a,b,d</sup></b>				
Nasal cannula in place, attached to oxygen flowmeter	1 2 3 4 5 6	24% 28% 32% 36% 40% 44% [FIO <sub>2</sub> = 20% + (4 × oxygen liter flow)]	<ul style="list-style-type: none"> <li>Well tolerated and comfortable</li> <li>Patient may eat and drink without removing</li> <li>May be used with humidity</li> </ul>	<ul style="list-style-type: none"> <li>May cause pressure injuries around nose and ears; minimize by placing padding between cannula tubing and skin</li> <li>Decreased effectiveness with mouth breathing</li> <li>May dry and irritate nasal mucosa</li> </ul>
<b>Nonrebreather Mask<sup>a,d</sup></b>				
(Note that masks labeled "nonrebreather" by some manufacturers are actually partial rebreathers)	10-12  Set rate high enough to prevent collapse of reservoir bag	80%-100%	Highest FIO <sub>2</sub> delivery for a nonintubated patient	<ul style="list-style-type: none"> <li>Insufficient oxygen flow may lead to rebreathing of carbon dioxide; reservoir bag should never completely collapse</li> <li>Considered confining by some patients; mask must fit snugly for optimal FIO<sub>2</sub></li> <li>Limits access to face for coughing, eating, drinking, blowing nose, and delivery of oral and facial nursing care</li> <li>Aspiration of vomitus possible</li> <li>Difficulty with fitting when gastric tube is present</li> <li>May cause drying of eyes</li> <li>Possible sticking of valves, limiting benefit and causing carbon dioxide rebreathing</li> </ul>
<b>Air Entrainment Mask<sup>a,b</sup></b>				
(Also known as <i>Venturi mask</i> or <i>Venti mask</i> )	<ul style="list-style-type: none"> <li>FIO<sub>2</sub> changed by adjusting air entrainment port and oxygen flow rate (per directions on each device)</li> <li>Provides FIO<sub>2</sub> of 24%-50%</li> </ul>		<ul style="list-style-type: none"> <li>Precise control of FIO<sub>2</sub></li> <li>Useful in patients with COPD where excessive oxygen delivery may suppress respiratory drive</li> </ul>	<ul style="list-style-type: none"> <li>Considered confining by some patients</li> <li>Limits access to face for coughing, eating, drinking, blowing nose, and delivery of oral and facial nursing care</li> <li>Aspiration of vomitus possible</li> <li>Difficulty with fitting when gastric tube is present</li> <li>May cause drying of eyes</li> </ul>
<b>High-flow Nasal Cannula<sup>b,c</sup></b>				
	<ul style="list-style-type: none"> <li>Flow rates up to 60 L/min</li> <li>FIO<sub>2</sub> of 21%-100%</li> </ul>		<ul style="list-style-type: none"> <li>Provides humidified and warmed oxygen</li> <li>More comfortable than BiPAP or CPAP</li> <li>May provide some positive pressure</li> <li>No risk of barotrauma</li> </ul>	<ul style="list-style-type: none"> <li>Does not maintain positive pressure consistently</li> <li>Does not maintain airway if patient has decreased mental status</li> <li>Tubing and machinery are cumbersome and may not be available in all facilities</li> </ul>

BiPAP, bilevel positive airway pressure; COPD, chronic obstructive pulmonary disease; CPAP, continuous positive airway pressure; FIO<sub>2</sub>, fraction of inspired oxygen

a. Proehl, J.A. (Ed.). (2009). *Emergency nursing procedures* (4th ed.). St. Louis: Saunders.

b. Miller, K. (2015). Oxygen administration: What is the best choice? Retrieved July 9, 2019, from <http://www.rtmagazine.com/2015/10/oxygen-administration-best-choice>

c. Nishimura, M. (2015). High-flow nasal cannula oxygen therapy in adults. *Journal of Intensive Care*, 3(1), 15.

d. Thandar Htun, A., Min Thein, W. (2016). Oxygen therapy. *International Journal of Novel Research in Healthcare and Nursing*, 3(2), 8-14.