

# Oxygen

**Indications:** Hypoxia, carbon monoxide toxicity

**Adult dose range:** 24-100 percent (FiO<sub>2</sub>) as required

**Pediatric dose range:** 24-100 percent (FiO<sub>2</sub>) as required

**Time to onset:** rapid

**Contraindications:**

- None in the emergency setting

**How is it given?**

- Inhalation, positive pressure assist

**What should be monitored?**

- Level of consciousness
- Pulse oximetry

**What side effects/potential complications are expected?**

- Drying of mucus membranes without humidification
- Improvement of hypoxic event as indicated by patient presentations, pulse rates, and SpO<sub>2</sub> readings

**Are there any special instructions/considerations?**

- In most situations, oxygen is administered to maintain an SpO<sub>2</sub> reading of  $\geq 95\%$
- Pulse rates are good indicators of oxygen administration's effectiveness. Bradycardia, especially in the pediatric patient, indicates severe hypoxic conditions
- Closely monitor COPD patients treated with oxygen; these patients may rapidly become sedated from loss of hypoxic drive.
- Cold oxygen may worsen asthma or create hypothermic conditions in some patients.