



WHAT?

NASAL CANNULAE: low flow O₂ delivery device (0.5-4l)

Higher flows make it uncomfortable for the patient.

VENTURI MASK: designed to entrain a set amount of O₂ and air, which combine to produce a set flow of O₂ (the % stated on the venturi)

It is **NOT the l/min** stated on the venturi that is delivered to the patient.

NON-REBREATHER MASK: only use flows 10-15l/min

If lower O₂ flows are used the bag can deflate during inspiration; there will be a lower concentration of O₂ delivered and the patient can re-breathe CO₂

WHY?

NASAL CANNULAE: for patients that require low flow O₂ to maintain saturations.

More comfortable than a mask – does not restrict vision or mouth.

VENTURI MASK: for patients that required a fixed amount of O₂ e.g. COPD where too much O₂ can be dangerous.

Makes weaning O₂ easier – the venturi can be changed to reduce O₂ in a stepwise way.

NON-REBREATHER MASK: for patients with low O₂ saturations requiring high flow rates.

Do not use long term as can cause complications such as O₂ toxicity and reabsorption atelectasis.

HOW?

Non-rebreathing Oxygen Mask (LITFL)

<http://bit.ly/2qWTeXQ>

Guideline for Oxygen Administration (NUH)

<http://bit.ly/2pZqJ4y>

Emergency Oxygen Use in Adults (BTS)

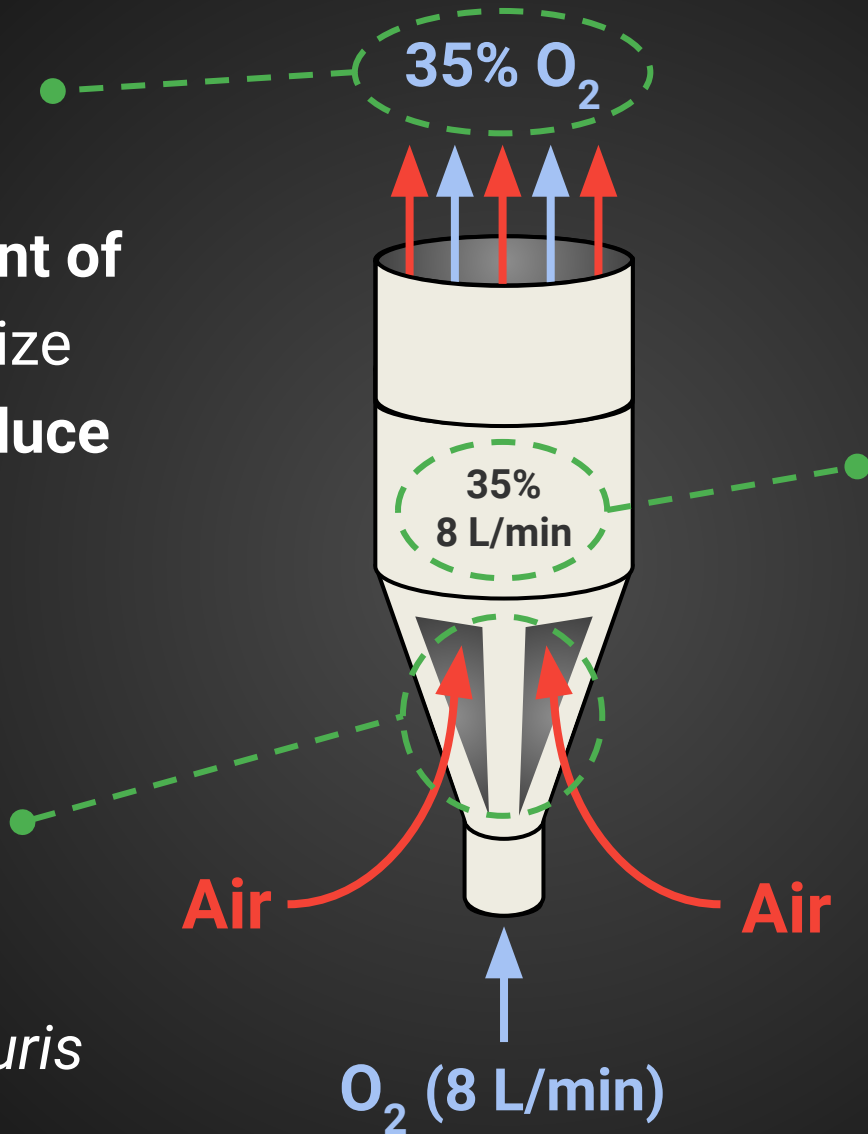
<http://bit.ly/2pqBYPr>





A set flow of O_2 L/min mixes with a set amount of air (defined by size of inlets) to produce a fixed % O_2

The size of the inlets for air changes for the different % venturis



The flow of O_2 L/min required to produce the specific O_2 %