

PATIENT WITH SUSPECTED HYPOXAEMIA IN WHOM OXYGEN THERAPY MAY BE INDICATED: OBTAIN OXIMETRY †

IS THE PATIENT AT RISK OF HYPERCAPNIC RESPIRATORY FAILURE*?

YES

SpO₂ <88%

- Start O₂ 1-2L/min nasal cannulae or 2-4 L/min via 24% or 28% Venturi mask
- Titrate O₂ to achieve SpO₂ 88-92% target range
- Give bronchodilator (if required) by MDI + spacer (if nebuliser is necessary - it should be air-driven)
- Obtain ABG†

SpO₂ ≥ 88%

- No O₂ therapy
- Continue monitoring SpO₂

SpO₂ <88%

pH <7.35 and PaCO₂ >45 mmHg

- O₂ to maintain SpO₂ 88-92% target range
- Consider NIV or invasive ventilation and/or ICU/HDU admission

pH ≤ 7.35

- O₂ to maintain SpO₂ 88-92% target range

NO

SpO₂ <85%

- Start O₂ 4 L/min nasal cannulae, 5-10 L/min via mask, 15L/min via a 100% non-rebreather reservoir mask or hNHF-O₂ cannulae (FiO₂ >0.35) depending on clinical situation
- Titrate O₂ to achieve SpO₂ 92-96% target range
- Obtain ABG†

PaCO₂ >45 mmHg and pH <7.35 pr PaO₂ <60mmHg (despite high flow O₂ via mask)

- Consider NIV or invasive ventilation and/or ICU/HDU admission
- Titrate O₂ to target range depending on level of hypercapnia and/or hypoxaemia

SpO₂ 85-91%

- Start 2-4 L/min nasal cannulae or other suitable oxygen delivery method
- Titrate O₂ to achieve SpO₂ 92-96% target range
- Consider ABG†

PaCO₂ >45 mmHg and PaO₂ <60mmHg

- Continue monitoring SpO₂
- Give O₂ if SpO₂ <92% with target range 92-96%

SpO₂ ≥92%

- O₂ not routinely required
- Continue monitoring SpO₂

SpO₂ <92%

