Oxygen Administration In the Field

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Objectives

At the end of this education module the viewer will be able to:

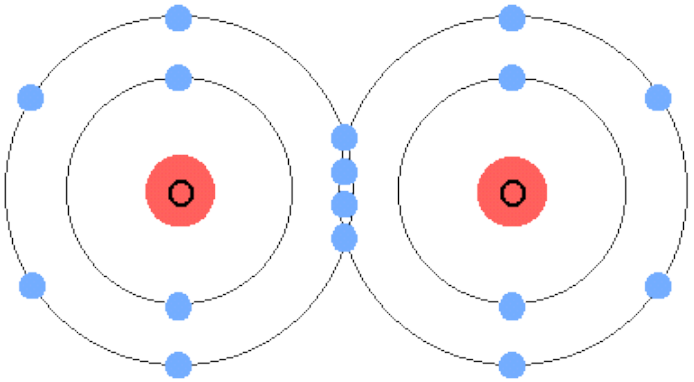
- Define
  - **Cellular metabolism**
  - **Oxidative stress**
  - **Reactive oxygen species (ROS)**
- Identify patients in critical need of oxygen
- Recognize the patient population that would benefit from oxygen titration
- Distinguish disease processes where oxygen therapy has not been scientifically beneficial

The Good

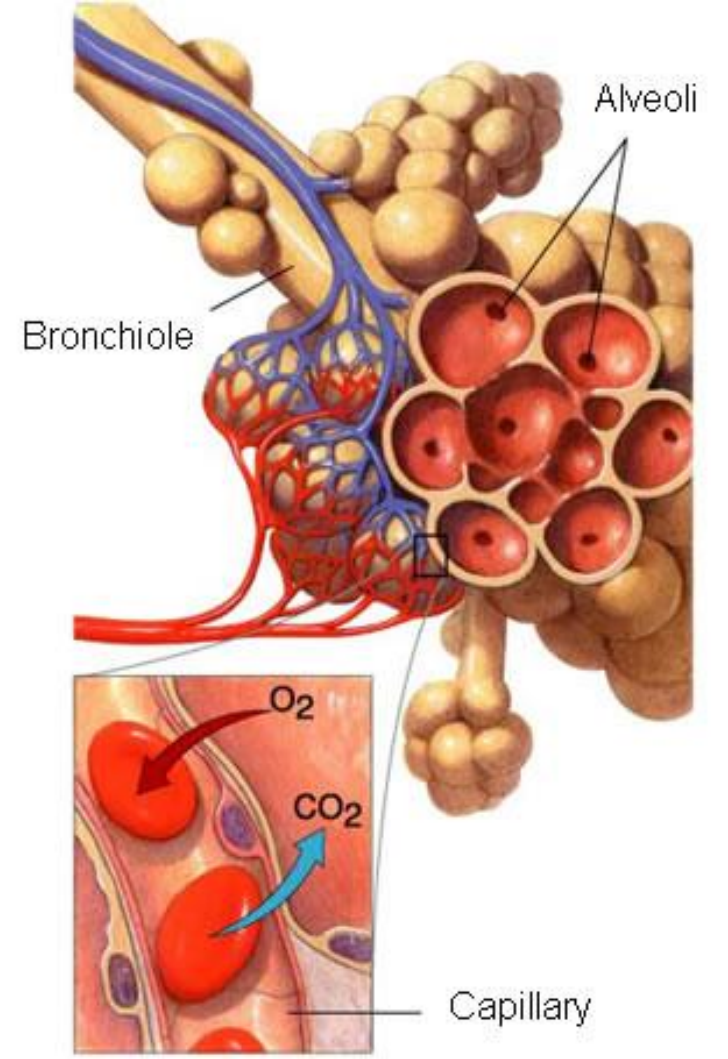
Oxygen is essential for life

Oxygen Molecule

- Diatomic gas
- Colorless and tasteless
- Third most abundant element in the universe
- 21% of the earth's atmosphere



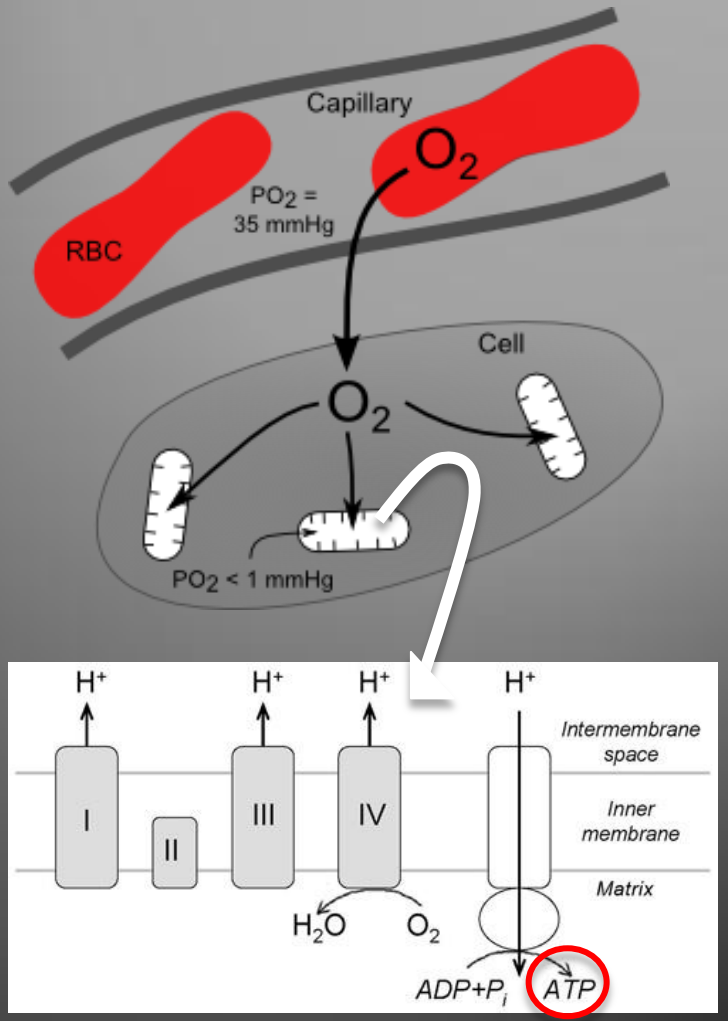
Oxygen in the Body



- Oxygen enters the lungs and diffuses through the alveolar membrane into the capillaries where it attaches to hemoglobin in red blood cells

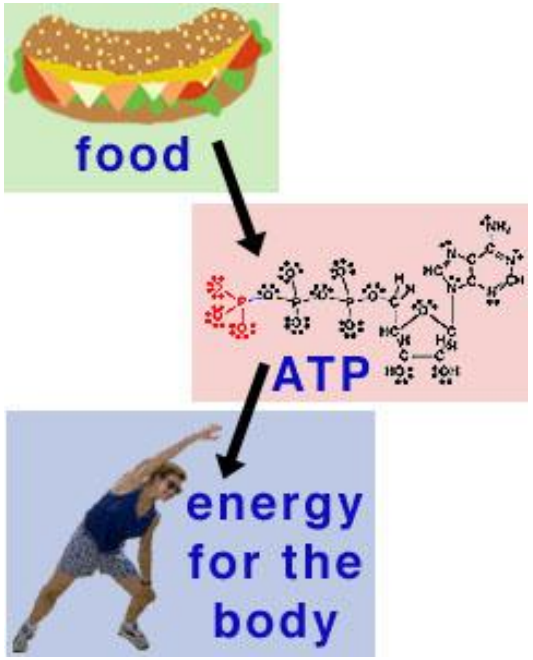
Oxygen in the Body

- Oxygen is then transported in the blood to tissues and used in cellular metabolism



Cellular metabolism

- Biochemical reactions involving oxygen take place within a cell
  - Synthesize what the cell needs for energy and function
  - Involve electron transfer (oxidation reduction)



Hypoxia

Lack of sufficient oxygen for tissue demand

Leads to:

Breakdown of normal cellular pathways (chemical reactions that occur within a cell)	Cellular damage and ultimately cellular death	Multi-organ dysfunction

The Bad

Too much oxygen can also be harmful

Reactive Oxygen Species (ROS)

- Oxygen is highly reactive in the body
- ROS are chemically reactive molecules and free radicals containing oxygen.
- ROS are formed as a natural byproduct of the normal metabolism of oxygen and have important roles in cell communication and homeostasis.

Reactive Oxygen Species (ROS)

- The body has normal processes of defense to eliminate excess ROS. (enzymes, antioxidants)
- When there is excessive production of ROS, the defense system gets overwhelmed.
- ROS induce direct cellular damage and initiate a cascade of toxic reactions

Reactive Oxygen Species

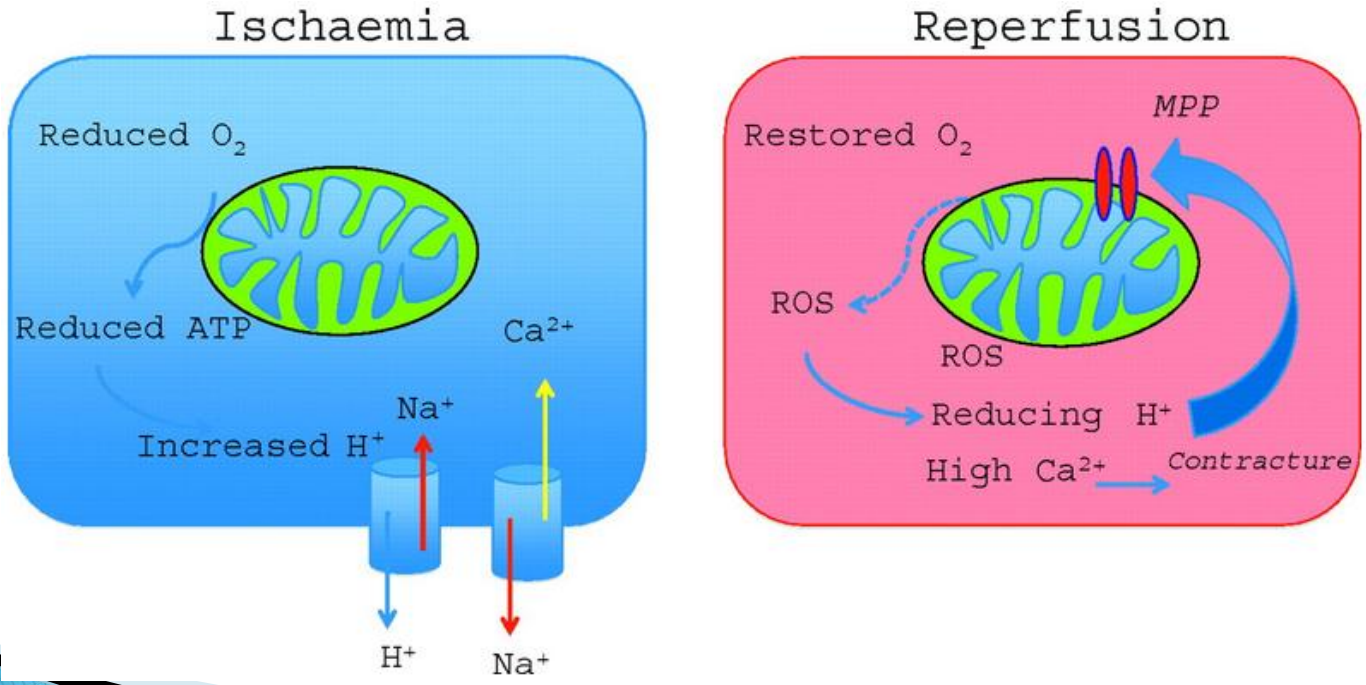
- In excess these molecules create oxidative stress on the body.
- Oxidative stress is a disturbance in the balance between the production of ROS/free radials and antioxidant defenses.
- Damage DNA
- Disrupt mitochondria causing cell energy failure
- Cellular apoptosis (cell death) & necrosis
- Accelerate progression of aging and disease

Do You Take Anti-oxidants?

- Anti-oxidants scavenge free-radicals
- Many foods are sources of anti-oxidants
- Supplements such as fish oil are common
- Herbs have high anti-oxidant properties

Reperfusion Injury

- Oxidative stress occurs most frequently when hypoxic tissues are re-exposed to oxygen and ROS are produced.



Clinical Practice

What does this mean for patient care?

CRITICAL PATIENTS NEED OXYGEN

- Oxygen should not be withheld in any critical patient
- Critical patients are those with impending or actual respiratory or cardiopulmonary arrest
- Start with 100% O_2 and titrate when appropriate

FOR EVERYONE ELSE…

- Use titrated oxygen therapy
- Guided by pulse oximetry
- Goal for most: 94-98%
- Goal for COPD: 88-92%

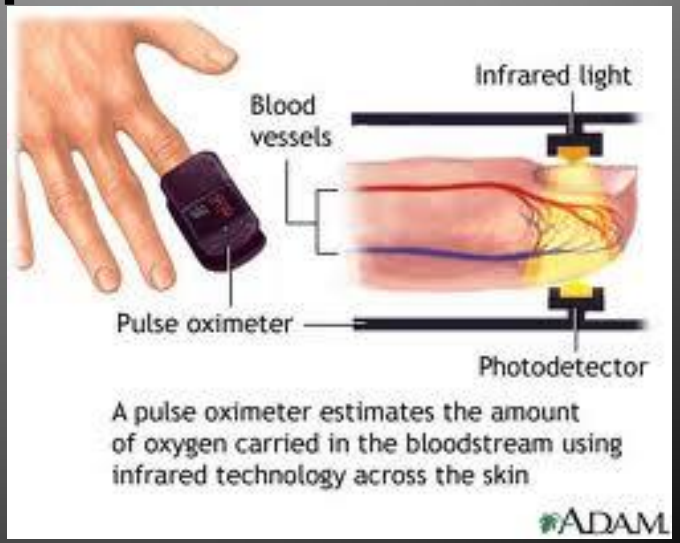
Two exceptions:

TBI (traumatic brain injury)

CO poisoning

Pulse Oximetry Principles

- Uses infrared beams to measure the saturation of hemoglobin
- May reduce the use of oxygen by guiding treatment
- No adverse effects were demonstrated in a Cochrane review of 20,000 patients



Pulse Oximetry Principles

- Erroneously low readings may be caused by hypoperfusion of the extremity being used for monitoring (often due to the limb being cold); incorrect sensor application; highly calloused skin; movement (such as shivering); and nail polish.
- High readings may occur despite the patient actually being hypoxemic in CO poisoning. All suspected CO poisonings should be treated with high flow O_2.

Some of the evidence

Specific disease processes

COPD and CO_2 Retention

- Healthy people get the urge to breathe when CO_2 levels climb
- COPD patients have chronic CO_2 elevations
- Back-up systems stimulate respiration with hypoxia

COPD

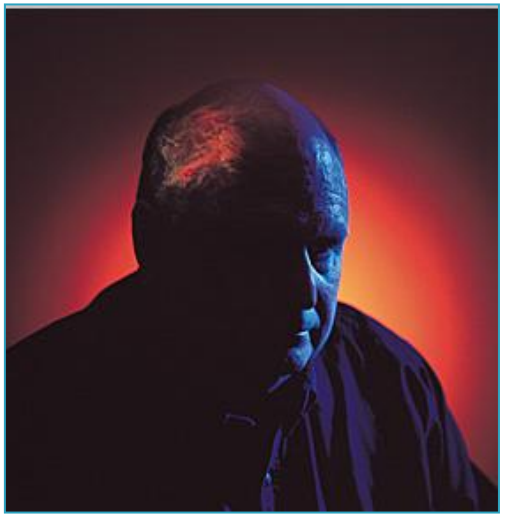
- There is evidence that these patients often receive too much oxygen in the prehospital setting.
- Prehospital treatment with high-flow oxygen, even for a short period of time, can be harmful
- High-flow oxygen increases mortality, length of hospital stay, and need for ventilation

COPD

- Titrated therapy reduces mortality, acidosis and need for assisted ventilation
- CPAP reduces need for supplemental oxygen. It reduces mortality and the need for intubation
- The recommended goal for oxygen saturation in these patients is 88-92%

Stroke

- The brain after a stroke is vulnerable to oxidative stress
- Lactic acid accumulates in the neurons
- The acidic environment has a pro-oxidant effect
- ROS can further damage an already vulnerable neuron



Stroke

- Conclusion:
  - "Supplemental oxygen should not routinely be given to non-hypoxic stroke victims with minor to moderate strokes."

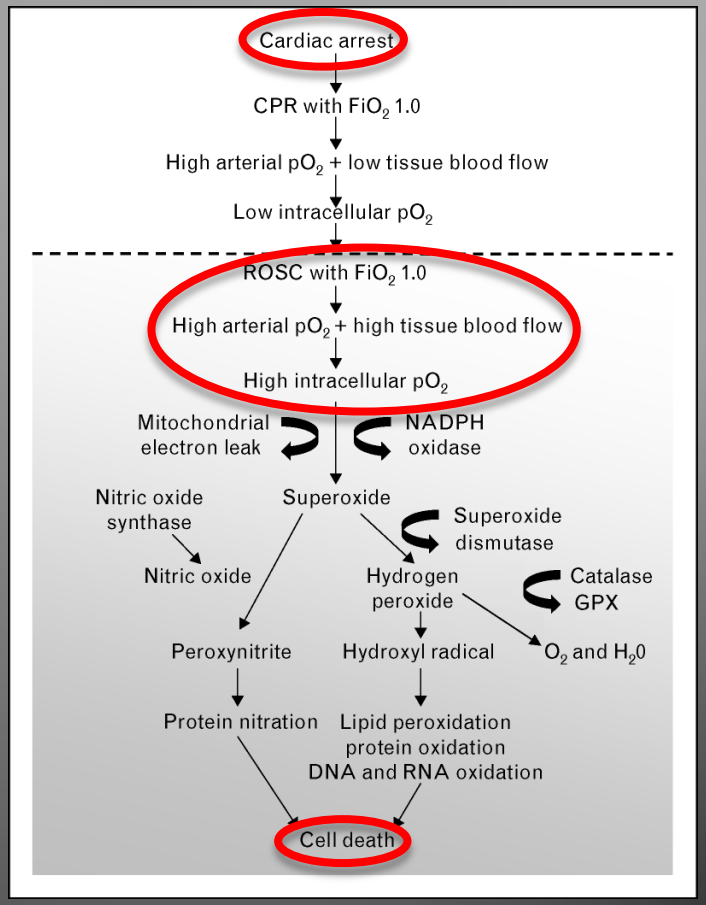
USE TITRATE OXYGEN THERAPY

Acute Coronary Syndrome

- Although increased oxygen seems theoretically beneficial in MI, studies to date show no conclusive benefit and some have shown harm.
- Suggested mechanisms of harm with excess oxygen:
  - Increase in blood pressure
  - Lower coronary blood flow
- Despite higher blood oxygen, there may be reduced tissue delivery by these mechanism

Post-Resuscitation

- Post-cardiac arrest brain injury is a common cause of morbidity and mortality
- The brain has limited tolerance to ischemia and unique response to reperfusion
- A burst of ROS with decreased antioxidant defenses leads to increased oxidative stress and neuronal injury
- Even exposure for 10 minutes can cause long-term injury



Post-Resuscitation

- European Council Guidelines (2010):

"Initially, give the highest possible oxygen concentration. As soon as the arterial blood oxygen saturation can be measured reliably, titrate the inspired oxygen concentration to achieve an arterial blood oxygen saturation in the range of 94-98%"

USE TITRATE OXYGEN THERAPY

Neonates

- The popular theory is that oxygen is harmful to most neonates
- Transition from intrauterine hypoxic environment to extrauterine normoxic environment leads to an acute increase in oxygenation and development of ROS
- Premature infants are at highest risk because they have not had time to develop the normal defense mechanisms an infant acquires as they are preparing for birth

Neonates

- For neonates in need of positive-pressure ventilation:
  - Consider ventilation for 90 seconds with room air
  - Heart rate >100 is the goal
  - If unsuccessful, use 100% oxygen

  Oxygen is associated with retinopathy of prematurity, bronchopulmonary dysplasia and childhood cancers.

Trauma

- There is no evidence that oxygen in the general trauma population has significant benefits
- ROS are produced in hemorrhagic shock and lead to oxidative stress
- Excessive blood oxygen levels can cause even greater increase in ROS
- Traumatic brain injury may be the exception

Trauma

- Conclusion:

  "Our analysis suggests that there is no survival benefit to the use of supplemental oxygen in the prehospital setting in traumatized patients who do not require mechanical ventilation or airway protection."

USE TITRATE OXYGEN THERAPY

When titrated therapy is not possible

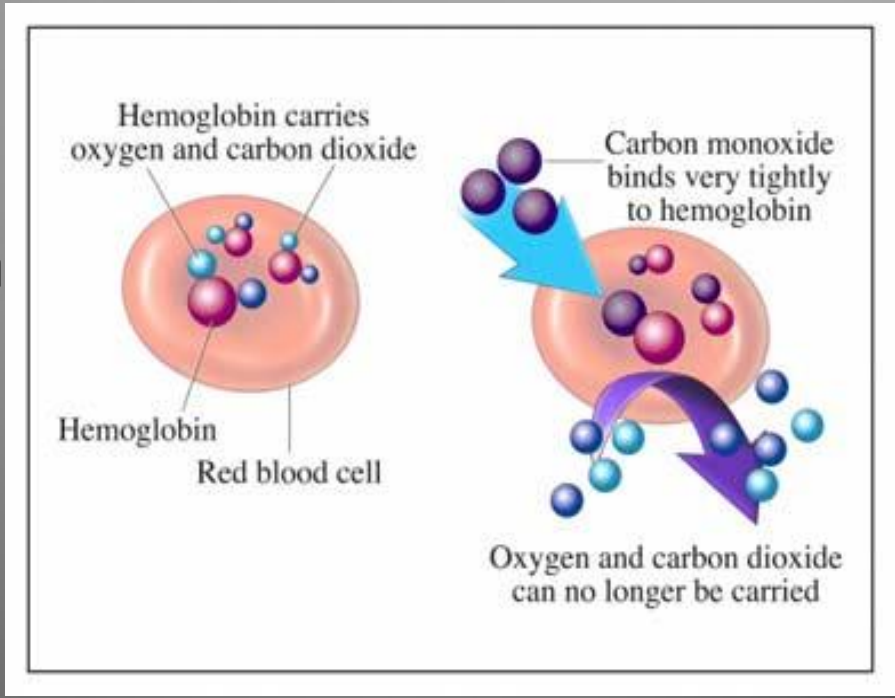
Exceptions to the rule

Traumatic Brain Injury

- Patients may need higher than normal oxygen pressures to provide enough oxygen to the injured brain
- Cannot differentiate with pulse oximetry (100% = $PaO_2 \geq 100$)
- Goal O_2 saturation 100%.

Carbon Monoxide Poisoning

- CO binds to hemoglobin and displaces O_2
- Standard pulse oximetry cannot distinguish CO from O_2 on hemoglobin
  - Pulse oximetry can read falsely high
- High-flow O_2 results in more rapid elimination of the CO molecules
- Goal O_2 saturation 100%



Conclusion

- Supplemental oxygen therapy has been common practice in the prehospital setting
- There is evidence that excessive blood oxygen has potential harmful effects in many disease processes
- In the non-critical patient, providing the minimum oxygen necessary to treat hypoxia can decrease potential harmful effects while still providing patients with the oxygen they need

Conclusion

- Treat oxygen like any other drug
- Provide each patient with appropriate oxygen therapy
- For critically ill patients, start with O_2 15 LPM and titrate when appropriate
- For all other patients titrate the oxygen saturation to goal and consider starting with nasal cannula or simple mask for stable patients with mild hypoxia