

# Oxygen Needs / Standards of Care for CRU

## Admission standards

Patients who admit to the CRU will be required to have 3L of O<sub>2</sub> or less, with a noticeable decrease in any shortness of breath or symptomatic coughing in the days prior.

## Therapy standards

During therapy sessions (PT/OT/Amubulation) may cause the patient to require an elevated level of oxygen to maintain an adequate O<sub>2</sub> Sats during and immediately after the activities. **Short elevation of O<sub>2</sub> flow of 4L/min or more may be needed and acceptable for staff to manage as needed for short periods (10 min or less).** When Patients return to their baseline or have their shortness of breath resolve they should be returned to their previous L/min. **Remember to document the additional O<sub>2</sub> and the length of time needed.**

Use of different delivery device may be used to achieve a desired FiO<sub>2</sub> (Fractional concentration of inspired Oxygen). Depending on the type of device different levels of O<sub>2</sub> flow rates are needed to reach a desired FiO<sub>2</sub>.

## Nasal Cannula

The use of Nasal Cannula on a regular and routine basis is expected for patients on the CRU.

The Maximum flow rate is at 6L/min.



Nasal Cannula	
Flow Rate	O <sub>2</sub> %
1 L/min	24%
2 L/min	28%
3 L/min	32%
4 L/min	36%
5 L/min	40%
6 L/min	44%

## OxyMASK

The OxyMASK device allows for a much higher flow rate (15 L/min or more) and can achieve higher FiO<sub>2</sub> levels at the same L/min as the Nasal Cannula.

This device should be considered if a flow rate above 6L/min is needed (or 4L/min for more than 15 minutes) to return to the patient's baseline.

Flowrate	FiO <sub>2</sub>
1 LPM	24% - 27%
2 LPM	27% - 32%
3 LPM	30% - 60%
4 LPM	33% - 65%
5 LPM	36% - 69%
7 LPM	48% - 80%
10 LPM	53% - 85%
12 LPM	57% - 89%
≥15 LPM	60% - 90%



## OxyMIZER

The OxyMizer (sometimes referred to as a mustache cannula) allows for increased FiO<sub>2</sub> with lower L/min rates than Nasal Cannula.

If rates are to remain above 8 L/min converting to this device should be considered to achieve the higher FiO<sub>2</sub> rates with lower demand on the Facility O<sub>2</sub> supply system.

One of these devices should be kept on the unit to be used if a transfer to a higher level of care is delayed. Multiple High Flow O<sub>2</sub> devices through the entire facility could outpace the systems replenishment capacity.



**Patients requiring prolonged O<sub>2</sub> of 4 L/min or more should be transferring to a higher level of care**