BLS OXYGEN THERAPY

INDICATION

To treat and manage the signs or symptoms of hypoxia or respiratory distress including: abnormally rapid, slow, shallow or deep respirations, labored and/ or noisy breathing, cyanosis, agitation or confusion, and apnea.

EQUIPMENT

Airway adjuncts (OPA & NPA)
Nasal cannula
Non-Rebreather mask
Bag Valve Mask (BVM)
Suction
CPAP (optional)
Pulse Oximeter, SpO2 (optional)
King Tube (*Approved Optional Scope EMT Provider, **ONLY***)

PROCEDURE

When Pulse Oximeter is available, titrate oxygen treatment to ≥ 94% SpO2

Responsive patient breathing between 12-30 per minute or in mild respiratory distress:
- Nasal Cannula (2-6 LPM)
- or
- Non-Rebreather Mask (10-15 LPM)

Moderate - severe respiratory distress (CHF with acute pulmonary edema, Severe Asthma, COPD):
- Non-Rebreather Mask (10-15 LPM)
- or
- CPAP, when available (refer to R-3, CPAP)

Patient with labored breathing, severe distress or breathing < 10 breaths per minute:
- Bag Valve Mask (15 LPM), ensure good seal.
  - Assist respirations with BVM

Unresponsive or ALOC patient:
- Oral or nasopharyngeal airway
- Bag Valve Mask (15 LPM), ensure a good seal.
- *Optional Scope EMT*, consider King Tube placement, **only** if needed to assist ventilation for patients who are unresponsive and require assisted ventilation not achievable with BVM.
  - Give **one** breath every **5 to 6 seconds**, with 1 second breaths
  - *****Avoid hyperventilation*****

Give first arriving ALS resource a verbal patient care turn over report.

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RELATED POLICIES/ PROCEDURES

R-3, CPAP
Skills, King Away
R-6, Advanced Airway