Administering Oxygen

1. Possible indications for a Non-Rebreather mask.
   a. Respiratory rate greater than 35/min.
   b. Cyanotic.
   c. Asthma.
   d. Multiple Trauma.
   e. Per protocol.

2. Possible indications for a Nasal Cannula at 4 liters/min.
   b. Mild respiratory distress.
   c. Per protocol.

Oxygen should never be withheld from patients requiring it, even though they may have a past medical history of chronic obstructive pulmonary disease (COPD).

When administering oxygen, monitor the patient carefully for any slowing of respirations, be prepared to ventilate the patient as necessary.

There is no contraindication to high concentration oxygen in pediatric patients in the prehospital setting. Administration of oxygen is best accomplished by allowing the parent to hold the facemask, if tolerated, 6-8 inches from the child’s face.
If the patient demonstrates inadequate ventilations:

1. Assist the patient’s ventilations with high concentration oxygen using a positive pressure adjunctive device.

   First choice - Pocket mask with supplemental oxygen set at greater than 10 LPM.

   Second choice - Bag-valve-mask (BVM) with reservoir and supplemental oxygen.

Complete all other steps required in the individual treatment protocols that indicate the need for oxygen administration.