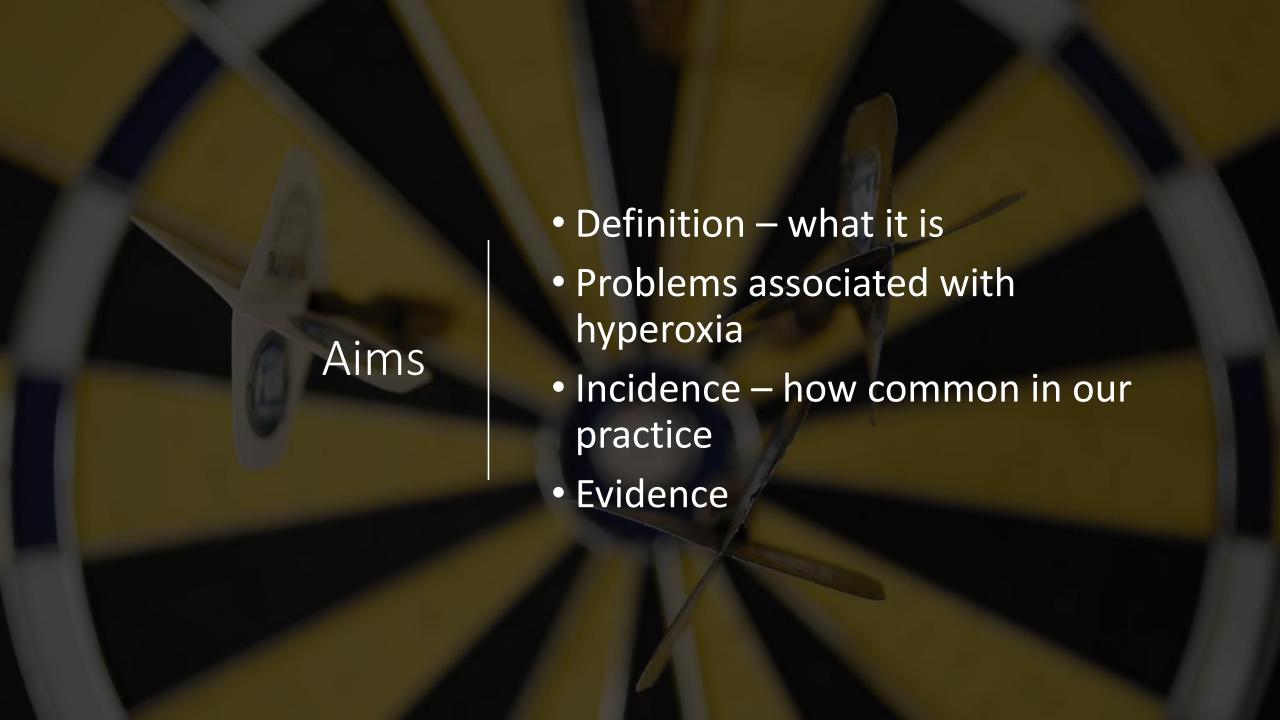
Chris Hebbes
Clinical lecturer
and Senior
Registrar in
Anaesthesia and
Critical Care
medicine

Hyperoxia — a load of hot air?



Probable/moderate hyperoxia

101-299 mmHg

Severe >300 mmHg

Definitions

PaO₂ > 13.3 kPa





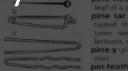
Hyperoxia with

normal SpO₂

pil-fer (pil-far) v.t. & v.t. To steal in small quant OF pelfre plunder | —pil-fer age (-ij), pil-farer a pil-grim (pil-grim) n. 1 One who immans h

Hyperoxia with

supraphysiological SpO₂/



out, Even II, Ece, odd, Spien, Grder, Edbk, pSBL up, bûrn, a an above a in fivek out, Check, 90, ring: thin, this, shi, signed derived from 7 origin uncertain or unknown

Critical Illness

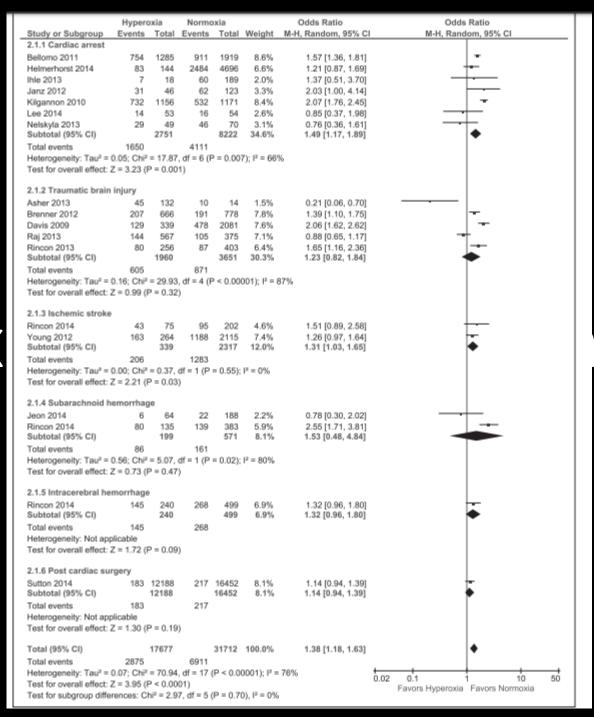
Harms

Multiorgan dysfunction

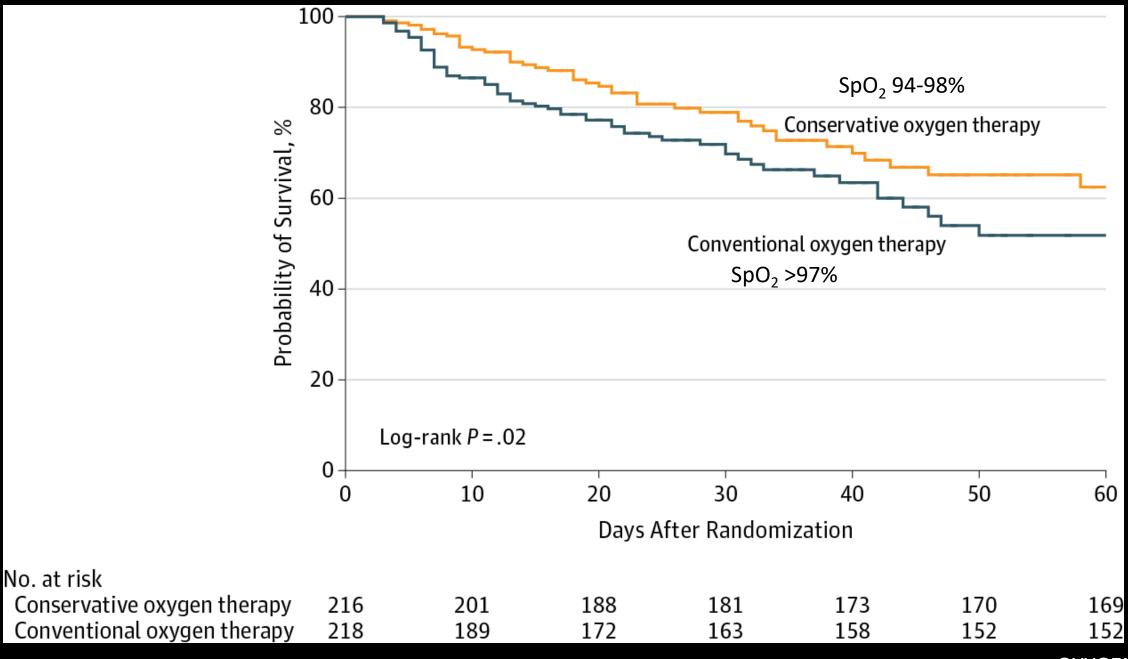
Oxygen

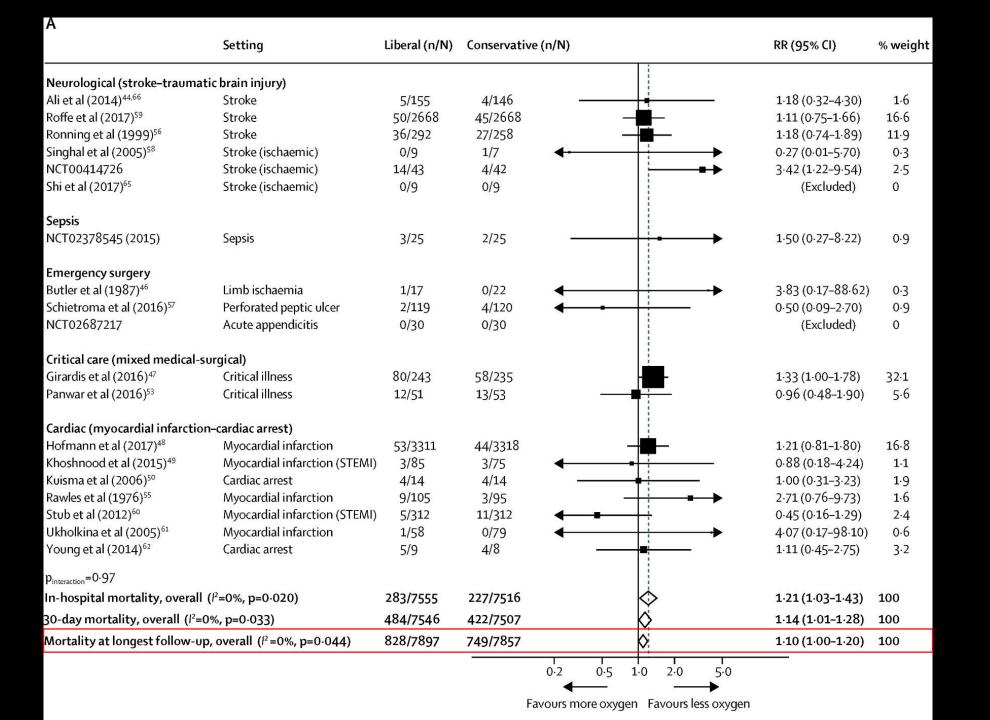
Inflammation

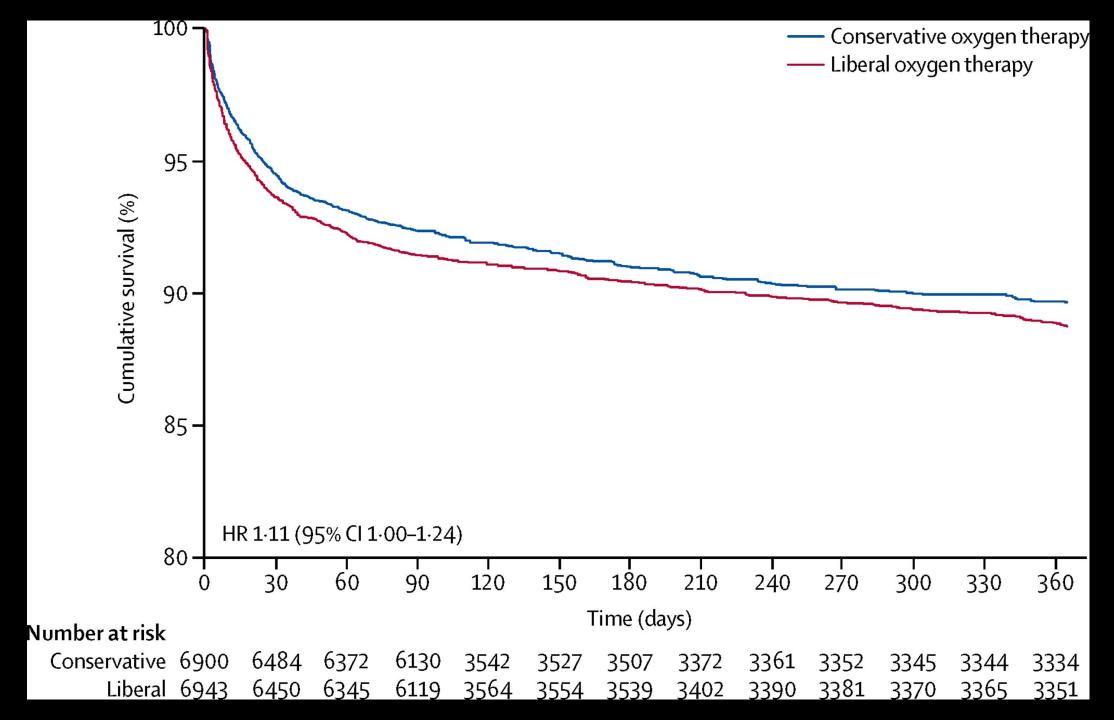
Reactive Oxygen Species



ful







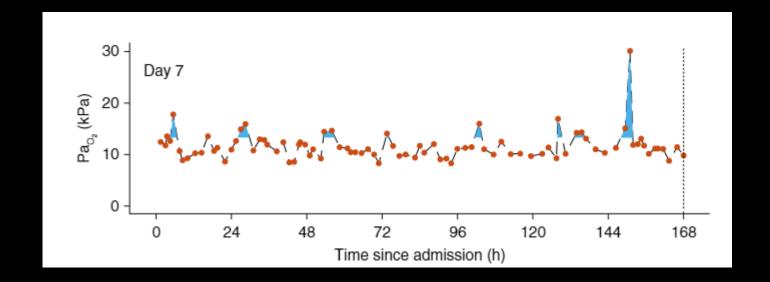


Table 2. Odds Ratios (95% Compatibility Intervals) for Hyperoxemia Dose (in Kilopascals) and Any Hyperoxemia Exposure (as Indicator Variable)

Model	Variable	Odds Ratio (95% CI)	Chi Square	DoF	P Value
0–1 d	Hyperoxemia dose Any hyperoxemia exposure	1.01 (0.93–1.10) 1.15 (0.95–1.38)	0.071 2.110	1 1	0.790 0.146
0–3 d	Hyperoxemia dose Any hyperoxemia exposure	0.94 (0.85–1.03) 1.35 (1.04–1.74)	1.777 5.157	1	0.183 0.023
0–5 d	Hyperoxemia dose Any hyperoxemia exposure	0.93 (0.83–1.04) 1.5 (1.07–2.13)	1.441 5.372	i 1	0.230 0.020
0–7 d	Hyperoxemia dose Any hyperoxemia exposure	0.92 (0.81–1.05) 1.74 (1.11–2.72)	1.416 5.815	1	0.234 0.016

Definition of abbreviations: CI = compatibility interval; DoF = degrees of freedom. All other predictor variables are described in the online supplement.

A Conservative Oxygen Therapy Too High 1.0 Unless the F102 is 0.21, this level should be treated as an 0.9-Reduce the F102 by 0.10 at intervals of no greater than 5 min until the Spo₂ is less than 97% Spo₂ 97% or more 0.8 Probability of Survival Just Right 0.7-Usual oxygen Use the lowest F102 possible to achieve an acceptable Spo2 If the Fio, is >0.21, it should be decreased by at least 0.05 at intervals of 30 min or less until the F102 is 0.21 or the Target range 0.6-Spo2 falls below the target range Conservative oxygen 0.5 -Too Low Spo₂ below The lower limit of Spo₂ should be determined by the treating target range 0.4 -Use a target Spo₂ of ≥91% if no lower limit is prescribed (i.e., set the lower Spo, alarm at 90%) 0.3-If the Spo₂ falls below target range during a decrease, immediately return to the previous F102 that achieved the target Spo2 Hazard ratio for death, 1.05 (95% CI, 0.85–1.30) **B** Usual Oxygen Therapy 0.1-Upper Limit of Spo, Upper limit There is no protocol-defined upper limit of Spo₂ 0.0 of Spo2 Do not use upper-limit Spo₂ alarms 50 100 150 200 250 **Target Range Days since Randomization** Any Spo2 greater than the lower limit is acceptable Target range The use of an F102 of <0.3 is discouraged No. at Risk Lower Limit of Spo₂ Usual oxygen 481 334 319 314 69 13 The lower limit of Spo₂ should be determined by the treating Lower limit of Spo2 Conservative oxygen 319 313 310 73 11 Use a target Spo₂ of ≥91% if no lower limit is prescribed (i.e., set the lower Spo2 alarm at 90%)

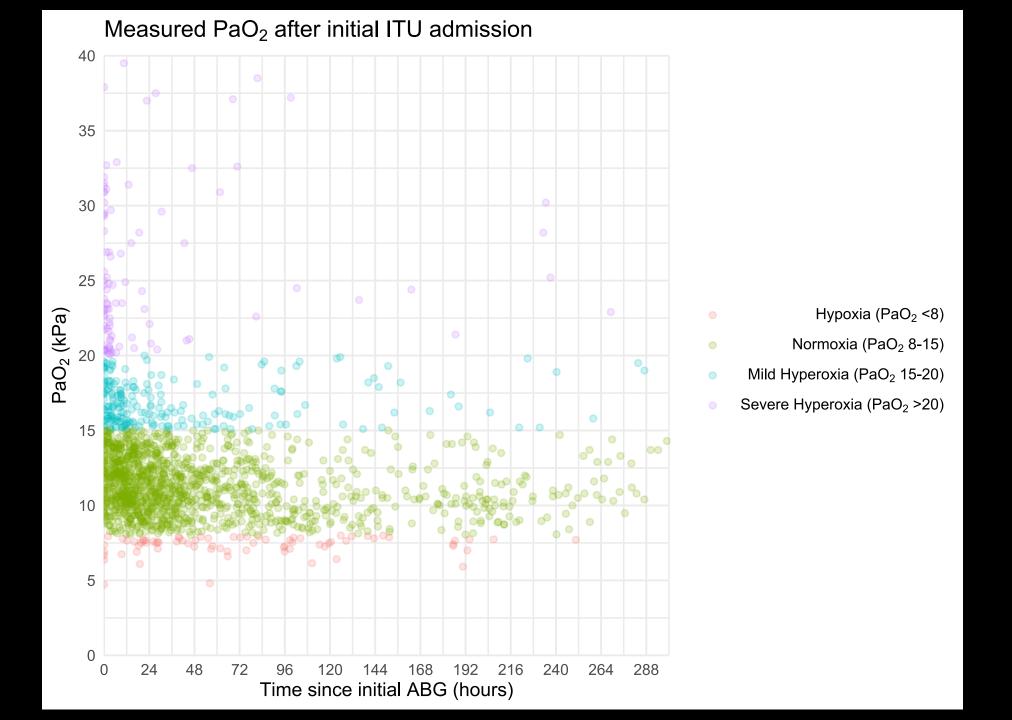
Table 3 Relationship between median intraoperative inspiratory oxygen fraction and major postoperative complications in patients undergoing general anaesthesia. Data are reported as the median (range) or as adjusted odds ratio [95% confidence interval] with Group 1 as the reference group. *P-value of the partial correlation coefficient. FI_{O2}, median intraoperative inspiratory oxygen fraction; ICU, intensive care unit; PCC, partial correlation coefficient

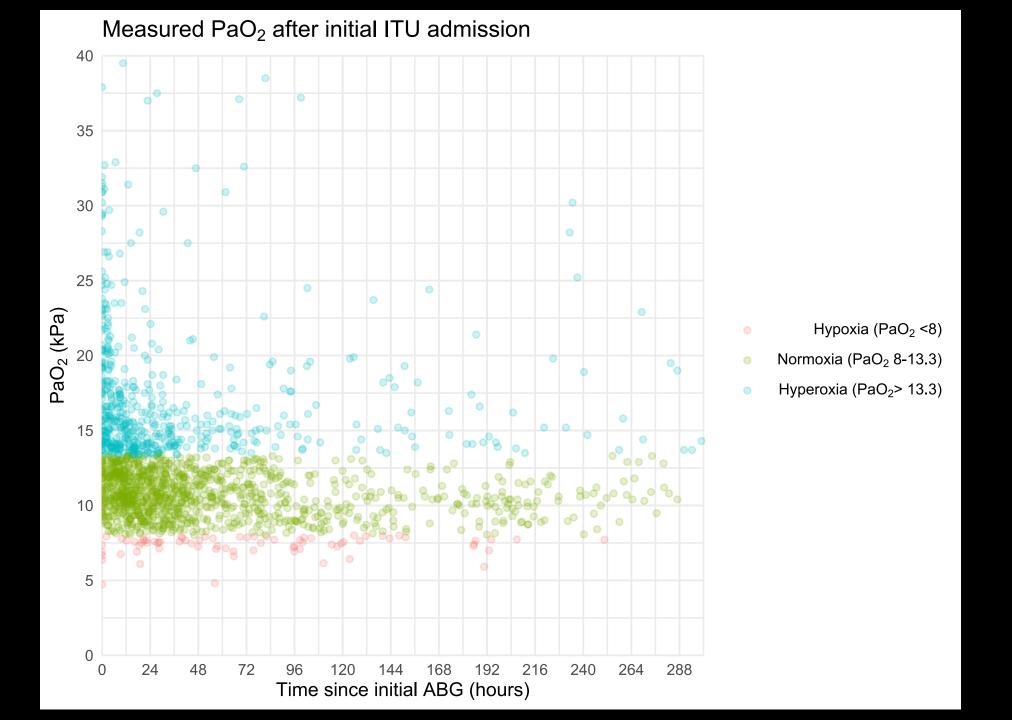
Parameter	Group 1 (n=15 150)	Group 2 (n=14586)	Group 3 (n=18213)	Group 4 (n=14 282)	Group 5 (n=11 691)	PCC [95% CI]/ P-value*
Median FI _{O2}	0.31 (0.16-0.34)	0.41 (0.35-0.46)	0.52 (0.47-0.55)	0.58 (0.56-0.63)	0.79 (0.64-1.00)	
Major respiratory complications	Reference	1.14 [0.99–1.31]	1.29 [1.13–1.48]	1.38 [1.19–1.60]	1.99 [1.72-2.31]	0.05 [0.04-0.05]/ P<0.001
Pulmonary oedema	Reference	1.13 [0.96-1.34]	1.18 [1.00-1.39]	1.37 [1.15-1.64]	1.94 [1.62-2.32]	0.04 [0.03-0.05]/
Pneumonia	Reference	1.32 [1.02–1.73]	1.36 [1.05–1.77]	1.26 [0.95–1.67]	1.72 [1.30-2.28]	P<0.001 0.02 [0.01-0.03]/ P<0.001
Respiratory failure	Reference	1.07 [0.84–1.37]	1.39 [1.10-1.76]	1.53 [1.10–1.96]	2.03 [1.58–2.62]	0.03 [0.02-0.03]/ P<0.001
Re-intubation	Reference	1.10 [0.69–1.75]	1.40 [0.90–2.19]	1.73 [1.08-2.78]	2.41 [1.49-3.90]	0.01 [0.00-0.02]/ P=0.002
Wound dehiscence	Reference	1.21 [0.87–1.68]	0.91 [0.64–1.30]	0.93 [0.62-1.38]	1.12 [0.74–1.71]	-0.002 [-0.01 to 0.01]/ P=0.57
ICU admission	Reference	1.22 [1.06–1.41]	1.29 [1.12–1.49]	1.58 [1.35–1.85]	1.64 [1.38–1.95]	-0.003 [-0.01 to 0.00]/ P=0.48
Mortality within 7 days	Reference	0.68 [0.24–1.97]	0.61 [0.21–1.74]	0.63 [0.21-1.86]	2.09 [0.81-5.43]	0.008 [0.00-0.02]/ P=0.03
Mortality within 30 days	Reference	1.31 [0.86-2.00]	1.42 [0.95–2.13]	1.38 [0.90-2.10]	1.97 [1.30-2.99]	0.018 [0.01-0.03]/ P<0.001
Stroke	Reference	0.76 [0.55-1.04]	0.84 [0.60-1.16]	0.83 [0.56-1.22]	0.90 [0.59–1.37]	-0.015 [-0.02 to -0.01]/ P<0.001
Myocardial infarction	Reference	1.01 [0.68-1.77]	0.94 [0.57-1.57]	1.22 [0.71-2.08]	1.24 [0.69–2.20]	0.002 [-0.01 to 0.01]/ P=0.55
Positive troponin test	Reference	1.17 [0.77–1.77]	1.02 [0.67–1.55]	1.14 [0.73–1.78]	1.44 [0.92-2.26]	0.007 [0.00-0.01]/ P=0.05



High intraoperative inspiratory oxygen fraction and risk of major respiratory complications







Take home messages..

- Perioperative and ICU Hyperoxia associated with harm
- Set a target and review it
- SpO₂ monitoring is adequate not all need to be subjected to ABGs
 - Arguably Oxygen not needed unless SpO₂<90%
 - "Routine" targets 94-98%
 - "CO₂ retainer" target 88-92%







