



Guide to reduced O₂ use due to high demand (COVID-19) Sedation

Anaesthesia & Analgesia Service

Oxygen administration is recommended in the following cases:

- Brachycephalics, obese animals, patients with cardiac, respiratory or kidney disease
- Emergency patients: haemorrhage, severe vomiting or diarrhoea, significant anaemia, sepsis, severe hypothermia.

Oxygen administration is not absolutely necessary in the following cases (unless sedation causes significant respiratory depression):

- Orthopaedic cases without co-morbidities.
- Fit, young and healthy (patients for nail clips, grooming, oral/eye examinations, vaccinations etc.)

How to provide oxygen during sedation?

- If SpO₂ is available, use the minimum amount of oxygen to achieve SpO₂ > 93 %
- This means that in a lot of cases oxygen supplementation will not be necessary
 - Exception: in emergency patients provide O₂ regardless of SpO₂
- If SpO₂ is below 93 % :
 - **Flow by:** Not recommended as very wasteful.
 - Tube must be < 2 cm from nostrils or adjacent to them
 - O₂ = 2 L/min.
 - **Mask:**
 - Loose fitting: wasteful but less stressful. O₂ = 2 L/min
 - Tight fitting with rubber diaphragm: O₂ = 1 L/min. Remove every 5 min for a few seconds to prevent rebreathing. Can be stressful for patient.
- Be mindful: turn off flowmeters when turning or reposition animals, when O₂ is no longer needed, after finishing the procedure, etc.
- Human anaesthesia machines have a safety minimum flow set so ensure that you turn off the master switch as well as the flow meter when O₂ is no longer needed.

Mktg/ReferralsCollateral/Anaesthesia/Guide to Reduced O₂ in high demand (COVID-19) Sedation

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