

Postextubation hypoxemia treated with a continuous positive airway pressure mask.

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Twenty-seven surgical patients who developed post-extubation hypoxemia unresponsive to routine respiration therapy (incentive spirometry and chest physical therapy) received continuous positive airway pressure (CPAP) delivered through a mask at an inspired oxygen fraction (FIO₂) of 0.45. All patients responded with an increased PaO₂ and achieved a PaO₂/FIO₂ ratio of at least 300 with a mean CPAP of 8.3 +/- 2.8 cm H₂O. Mean duration of treatment was 23 +/- 14 h. Two (7%) patients required reintubation, one for control of excessive secretions and the other for persistent *Pseudomonas pneumonia*. Mask CPAP was an effective treatment for postextubation hypoxemia in this group of surgical patients.

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