<table>
<thead>
<tr>
<th>Oxygen Device</th>
<th>FiO2 Delivered (approx. values)</th>
<th>Comments</th>
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</thead>
</table>
| Nasal prongs / cannula        | 1 lpm=24% 4 lpm=33% 2 lpm=27% 5 lpm=35% 3 lpm=30% 6 lpm=38% | -O2 flow should be < 6 lpm  
- Humidity not required for flows < 4 lpm  
- O2 concentration will vary with patient breathing pattern |
| Nasal moustache / oxymizer    | Nasal Prongs 3 lpm 1.5 lpm 4 lpm 2 lpm 6 lpm 3 lpm | -Never humidity  
- O2 conservation device, allows patient to cut O2 use in ½  
- Not recommended for long term high flow use (>10 lpm) |
| Simple mask                   | Delivers 35-50% O2 @ flows of 6-10 lpm | -No humidity  
- Short term use only  
- Never use @ 6 lpm |
| Non-rebreathing mask          | Delivers 80-100% O2 @ flows of 12-15 lpm | -Never humidity  
- Never remove one-way valves  
- Reservoir bag must not collapse during inspiration, adjust flow accordingly |
| Aerosol mask                  | Delivers 28-100% O2 depending on dial setting | -Never use flows < 8 lpm  
- Use sterile water not normal saline in nebulization chamber  
- Double bottle or high flow set-up must be used with O2 concentration > 50% |
| Tracheostomy mask / hood      | Delivers 28-100% O2 depending on dial setting | -Never use flows < 8 lpm  
- Use only sterile water  
- Double bottle for O2 >50% must always be on patient because normal anatomical humidification system is bypassed |
| Venturi mask                  | Delivers 24-50% O2 depending on which connector is used. Green: 24, 26, 28 & 30 %  
White: 35, 40 & 50% | -Never use bubbler humidifier  
- Never cover connectors  
- Most accurate way to deliver O2  
- Ideal for CO2 retainers or hypoxic drive patients |

*Taken from U of O HI Nursing Policy and Procedure for Oxygen Therapy Devices*