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The administration of oxygen can be used for treatment of patients suffering from respiratory failure. Patients who have interstitial disease, obstructive disease, severe asthma, lung cancer and collapsed lung are some of the people who can benefit from this treatment. Patients who suffer from congestive heart failure or other cardiac diseases, severe anaemia, or patients dying from multiple organ failure and other critical illnesses may be palliated (made more comfortable) using this therapy. However, oxygen therapy is not without risk and should not ever be used unless advised and prescribed by a physician. Oxygen can be provided utilising oxygen compressed into cylinders or tanks and more conveniently using concentrators, either home units or small portable units which directly draw air from the atmosphere and by means of molecular sieves separate the oxygen from other gases and deliver it to the patient in a pure state. While people do not ever become dependent on oxygen, it must be prescribed to flow at certain rates in certain patients, particularly those who have chronic obstructive airway disease, so as benefit can be provided and adverse effects prevented. There are some patients who suffer from a condition referred to as "carbon dioxide (CO<sub>2</sub>) retainers", who must not be given oxygen beyond a certain rate because if they do receive oxygen flowing at too high a rate it will exacerbate the condition and result in respiratory failure. In all other cases oxygen can be given safely, but it does have a side-effect profile. When oxygen is not humidified and is flowing at a high rate for a long period of time, it may cause nasal stuffiness, a dry and painful pharynx, retrosternal pain because the trachea and major airways become dry, and may also result in nasal drying and nose bleeding. Adequate humidification and the use of a nasal lubricant such as Nozoil may prevent this. Oxygen can also be used successfully in patients who are recovering from a long hospitalisation and who are debilitated. The use of low-flow oxygen in those patients recovering from respiratory illness may improve exercise tolerance and enable rehabilitation to proceed at a faster rate.

The message of this short narrative is that oxygen therapy is safe and necessary in some individuals, but must be prescribed by a physician so as the correct flow rates for any particular patient can be advised. Flow rates should not be exceeded unless directed by a physician, lest complications occur.