Flowmeters, Face Masks and Cannulae.

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IMPORTANT: Please ensure you read all accompanying literature supplied prior to using your home oxygen equipment. In particular, pay attention to the section on not smoking or allowing others to smoke near your equipment.

Various devices are used for administration of oxygen. Normally inbuilt mechanisms are used to control the high pressure of oxygen delivered from a cylinder (or other source) to a lower pressure. An external flowmeter is sometimes required to provide low and very low flow rates for paediatric patients. These provide a flow between 0.01 LPM and 1.00 LPM. However most of our oxygen sources will not require a flow this low. Cannulae and face masks are devices which carry the oxygen to the patient via the nose or mouth.

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Flowmeters

A flowmeter is an instrument that regulates and measures the flow of oxygen delivered via oxygen tubing, to the mask or cannula and then to the patient.

The flowmeter will be connected to the cylinder supplied by our Patient Service Representative (PSR) on the day of your installation. Please see the separate information given to you by your PSR, this will give you the specific details related to the flow meter you have been supplied with.
Face masks

An oxygen face mask is a plastic device that is shaped to fit over your nose and mouth. It is used to deliver oxygen as you breathe through either the nose or the mouth. An oxygen mask has holes either side which allows air to enter the mask and dilute the oxygen, as well as allowing exhaled carbon dioxide to leave the mask. It has narrow oxygen tubing fixed to the nozzle on the mask, the other end is then connected to the oxygen supply.

An adjustable elastic band is connected to each side of the mask and slides over the head and above the ears to hold the mask firmly in place.

Face masks are normally provided for babies requiring oxygen in short bursts. But in some instances at the request of your clinician, they may be provided for adult patients.

Cannulae

A nasal cannula is a narrow, flexible plastic tube used to deliver oxygen through the nostrils. It connects to an oxygen source on one end and has a loop at the other end with dual pronged extended openings at the top of the loop. The prongs are slightly curved to fit readily into the front portion of the nostrils. The tubing of the loop is fitted over the patient’s ears and is brought together under the chin by a sliding connector that holds the cannula in place.

We can also supply you with Tender Grips®, which will help keep the nasal cannula in place. It is recommended that cannulae are changed every 4 weeks or more often if you have been unwell. If you require any further supplies of cannulae or Tender Grips®, please speak to one of our customer service team on 0800 136 603 and we will arrange for them to be delivered by our PSR on their next visit.
Other equipment

Non re-breathe Mask
A non re-breathe mask has a soft plastic reservoir bag attached at the end that saves one-third of a person’s exhaled air, while the rest of the air is released via side ports covered with a oneway valve. This allows the person to “re-breathe” some of the carbon dioxide, which acts as a way to stimulate breathing. Adult non re-breathe masks should always be inflated at a minimum flow rate of 10 LPM before selecting the required flow rate, ensuring the reservoir is fully inflated before being used by the patients.

Venturi mask
This is also known as an air-entrainment mask. It is a medical device to deliver a known oxygen concentration to patients on controlled oxygen therapy. These are prescribed by your healthcare professional and are different colours depending on the concentration and flow rate they deliver.

Humidifier
This is a device for flows greater than 4 LPM. Oxygen is bubbled through cold water which adds moisture to the oxygen supplied. The humidification bottle should never be more than 6 feet (1.8 metres) away from the patient.

There is limited clinical evidence that cold water bubble humidification is beneficial, but there is evidence to prove it may increase the risk of infection. However, adding moisture can reduce the drying effect and therefore it may be more comfortable to you.

Firebreaks
In the event of a fire occurring in your oxygen tubing, the firebreak will act as a thermal fuse by cutting off the oxygen supply. When the firebreak triggers, it will immediately stop the oxygen flow, preventing the flames burning back to the oxygen supply. A firebreak is always fitted at the patient end of the tubing, just before the nasal cannula or mask. For concentrators, a second firebreak is fitted on the outlet of the machine. On the firebreak there is an arrow, which always points in the direction of the flow of oxygen. Do not remove firebreaks and if missing call for replacement on 0800 136 603.
How do you prevent skin problems while using oxygen?

Skin irritation and redness can arise from time to time when using a nasal cannula for extended periods. This discomfort can be avoided by the following:

Place 2 inch gauze pads against your cheeks and behind your ears. This helps prevent your skin from getting sore where the cannula tube or mask strap rests against it.

→ Whilst using your oxygen therapy, take frequent fluids to help prevent a dry mouth.
→ Oxygen can make your nose, lips and mouth dry. If dryness is a problem, use a water-soluble lubricating jelly, such as K-Y Jelly® or RoEezit® on your lips and nose. Care should be taken when using any lubricating gels ensuring they do not contaminate the mask or cannula. **DO NOT USE** oil based lubricants as they can become a fire hazard.
→ Take off the cannula or mask two or three times a day and wipe it clean with a wet cloth.

NB. RoEezit may need to be specially ordered from a pharmacy.
If you are visually impaired and require a large print copy, please contact us.

Contact us.

Our normal working hours are Monday to Friday 8am until 5.30 pm.
We are open 24 hours for emergencies only.