

Standard Operating Procedure (SOP) for anesthesia providers (attending, trainees, CRNAs): IntraOp Ox clinical trial protocol guidance

Objectives: promote protocol adherence, patient safety, and clinician support

- 1) Pre-induction verify eligibility (see placard on anesthesia machine)
- 2) Pre-oxygenation per usual care
- 3) ETT secured → immediately adjust FiO₂ (see below) → hit Intubation Event

Hotkey



The following recipes get FIO₂ to target quickly and reliably maintain level. Use at your discretion.

Low FiO₂ months:

Ideal target **0.21-0.30**

Acceptable range **0.21-0.40**

	On ETT securement (3 min)		Until Emergence	
Atlan	FG O ₂	21% @ 4 lpm	FG O ₂	35% @ 1.2 lpm
Apollo	Air	4 lpm	O ₂	0.2 lpm
			Air	1-2 lpm

Intermediate FiO₂ months:

Ideal target **0.50-0.65**

Acceptable range **0.40-0.80**

	On ETT securement (2 min)		Until Emergence	
Atlan	FG O ₂	40% @ 4 lpm	FG O ₂	60% @ 1.6 lpm
Apollo	O ₂	1 lpm	O ₂	0.8 lpm
	Air	3 lpm	Air	0.8 lpm

High FiO₂ months:

Ideal target **0.9-1.0**

Acceptable range **0.80-1.00**

	On ETT securement until Emergence	
Atlan	FG O ₂	100% @ 1 lpm
Apollo	O ₂	1 lpm

- 4) Emergence: trial assignment ends, FiO₂ during high flows is at your discretion. If staying intubated to the ICU, continue target FiO₂ until leaving the OR

Notes:

- All other clinical care is at clinician discretion. Override the FiO₂ if deemed necessary.
- Use the Epic Our Practice Advisory intraop button to document reasons for treatment non-adherence or ineligibility.
- Use the QR code link from the placard for the following: marked eligible but meets exclusion criteria, patient has an adverse event, patient has a protocol deviation/violation, or you have question/comment for the research team.
- If SpO₂ is lower than desired, consider the following:
 - Tube malposition, right mainstem - verify tube placement
 - Atelectasis – consider recruitment maneuver
 - Secretions – suction ET tube
 - Bronchoconstriction – consider bronchodilator