

Oxygen Assist Module

The Automated Oxygen Controller for Vapotherm's Precision Flow System

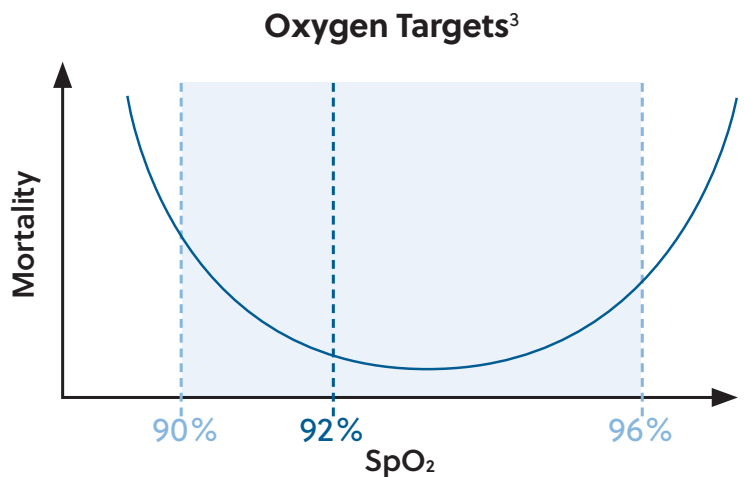
- Assists staff in maintaining a target SpO₂
- Helps easily and accurately maintain SpO₂ during activity, movement or meals
- Automated control can improve the patient's proportion of time in SpO₂ target range
- May allow nurses to spend more time with the patient and less time changing settings



With Oxygen came the danger and the blessing of fire*

Control of oxygen is an important consideration for critically ill patients. While oxygen availability and administration are key to **prevent hypoxia-induced** complications, **excessive amounts of oxygen and hyperoxia are well-known to increase mortality and morbidity** in certain populations of critically ill patients.^{4,5}

The control of oxygen exposure has been studied, and findings show that within an acutely ill adult population the **liberal use of oxygen therapy is associated with increased patient morbidity and mortality**, without a significant improvement in patient outcomes. These findings indicate that continued delivery of supplemental oxygen above an SpO₂ of 94-96% is unfavorable, supporting more conservative strategies.⁵



* Asstrup & Severinghouse, 126 Journal of Clinical Monitoring Vol 2 No 2 April 1986

Patients may benefit from OAM Automated Oxygen Controller

With our Oxygen Assist Module (OAM) helping you in maintaining a patient's target SpO₂ range you can provide patients the controlled oxygen treatment they require while reducing the risk of over- or under-oxygenation.

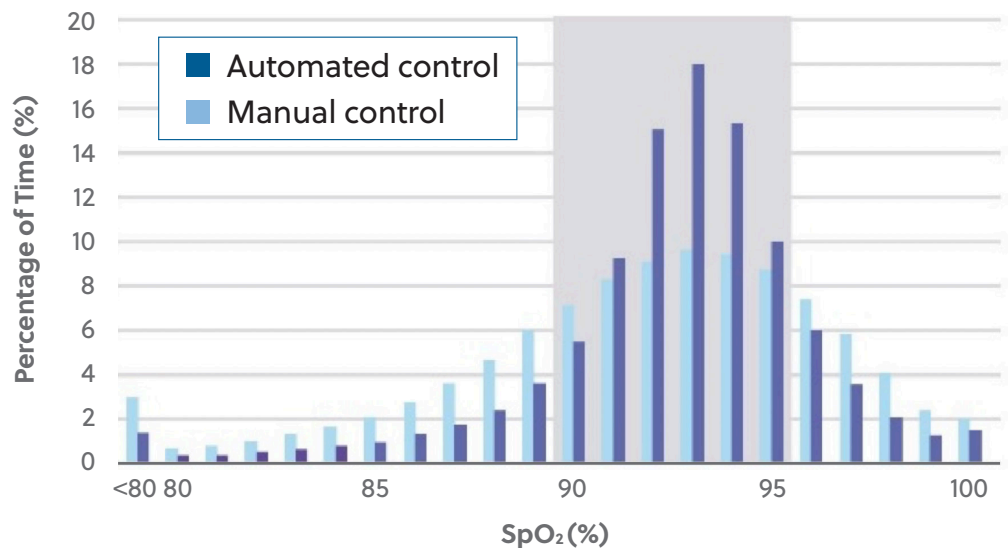
Randomized controlled trials and meta-analyses have demonstrated that the effects of hyperoxia may increase mortality in many patient types, such as **critical illness, trauma, myocardial infarction, and stroke**. In addition, recent guidelines call for **COVID-19** patients' SpO₂ target range ideally between **92-96%**.¹

Your time is important

OAM streamlines the already user-friendly FiO₂ adjustment of the **Vapotherm Precision Flow®** system. With its automated control, you may reduce time spent interacting with the machine and instead spend that time on patient management.

OAM vs Manual Oxygen Control: Proportion of time spent in Target SpO₂²

In Reynolds et al 2019 OAM automated control maintained the patients SpO₂ in the target SpO₂ range significantly more effectively than manual control and reduced the duration of hypoxic and hyperoxic episodes.²



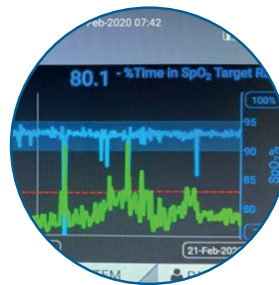
Patient, Relative and Clinician Impact



Helps easily and accurately maintain SpO₂ during **activity, movement or meals**



Helps facilitate quiet and **focused conversations** with loved ones



Sophisticated easy to read trend screen **aids clinical assessment** and helps take decisions



May allow nurses to spend more time **focusing on patient care** and less time adjusting SpO₂

1. Alhazzani W, Moller MH, Arabi YM, et al. Surviving Sepsis Campaign: Guidelines on the Management of Critically Ill Adults with Coronavirus Disease 2019 (COVID-19). Critical care medicine. 2020;PREPUBLICATION.
 2. Reynolds P, et al. Randomised cross-over study of automated oxygen control for preterm infants receiving nasal high flow. Arch Dis Child Fetal Neonatal Ed. 2019 Jul;104(4):F366-F371.
 3. Centers for Disease Control and Prevention. Clinical Management of Critically Ill Adults with COVID-19. Clinician Outreach and Communication Activity Webinar. Thursday, April 2, 2020
 4. Vincent JL, et al. Harmful Effects of Hyperoxia in Postcardiac Arrest, Sepsis, Traumatic Brain Injury, or Stroke: The Importance of Individualized Oxygen Therapy in Critically Ill Patients. CRJ. 26 Jan 2017
 5. Chu DK, et al. Mortality and morbidity in acutely ill adults treated with liberal versus conservative oxygen therapy (IOTA): a systematic review and met-analysis. The Lancet. 28 April 2018

OAM is not available in all markets. Contact your Vapotherm Representative for ordering information.