

Inspired Oxygen Concentration Delivered by the Bird Ventilator

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The Bird Mark 7 Respirator has been shown to deliver higher than expected oxygen concentrations when oxygen is used as the driving gas.¹ This is an inherent feature of the incorporated air entrainment device which functions in such a way that, as the pressure rises in the ventilator-lung system, less air is entrained and inspired oxygen level increases. The problem is greatest at the higher cycling pressures and at the lower peak inspiratory flow settings.

It has been suggested that one might use compressed air as the driving gas and enrich this with oxygen, added on either the ambient or pressurized side of the machine (fig. 1). A study of the performance of the Bird Mark 7 Ventilator when operated in this manner was undertaken and is the subject of this report.

METHOD

One might anticipate that the important variables would be the volume flow of oxygen added to the machine, the total flow of gases delivered on inspiration (peak inspired flow rate) and the effect of cycling pressure on the performance of the entrainment device. To examine these variables, each of the two ventilators studied was connected to a mechanical analogue of the human lung-thorax in such a way as to simulate clinical circumstances (fig. 2).

The expiratory valve pressurising line was not led back into the circuit and was clamped distal to the valve. Concentration of oxygen in the inspired air was examined under the following circumstances: a motive force consisting of compressed air at 50 psi, peak in-

spiratory flow rates of 20, 40, 60 and 80 liters/minute, cycling pressures of 5, 10, 20, 30, 40, 50 cm. of water and oxygen delivered to either the ambient or pressurized side of the ventilator at flows of 1, 3, 5, 7 and 9 liters/minute. The expired gas was collected in a 100-liter Douglas Bag and this was taken to represent mean inspired gas. Peak inspiratory flow rate was measured using a Fleisch no. 2 pneumotachograph and Statham PM 5 differential transducer connected between the ventilator and the analogue. Cycling pressure was detected by a Statham R23 transducer. Both were recorded on a Grass Model 5 Polygraph. The analogue was ventilated for 20 minutes once peak flows and pressures were set and oxygen added appropriately. The Douglas bag was filled and rinsed once before being filled for the measurement. Mixed expired gas samples were then collected in two greased 50 ml. syringes after they had been

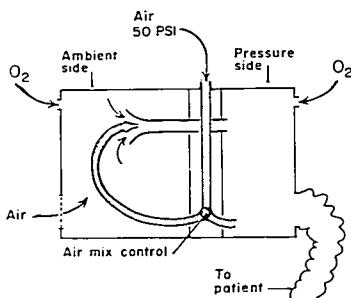


FIG. 1. Diagram of Bird Mark 7 Ventilator showing division into ambient and pressurized sides. The ventilator is driven by air with oxygen added to either side.

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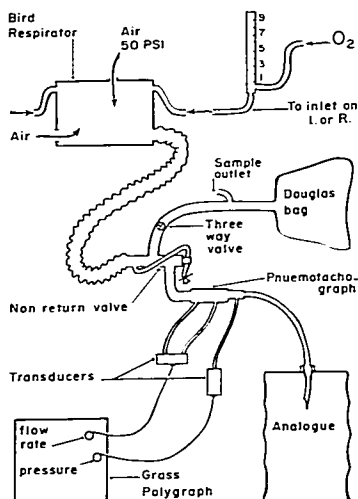


FIG. 2. System used for evaluation of ventilators.

rinsed to clear the dead space. Oxygen tension was measured immediately using a Radiometer P_{O_2} electrode. The oxygen percentage was calculated for each measurement using the formula $F_{I}O_2 = \frac{P_{O_2} \text{ (measured)}}{B.P. - 47}$.

RESULTS

Oxygen added to the ambient side of the ventilator. Individual values and means are shown in table 1. At any given added oxygen flow rate, inspired oxygen concentrations decrease as cycling pressure is raised. An example of this is shown in figure 3, depicting values obtained at a peak inspiratory flow rate of 60 liters/minute. At levels commonly used in clinical practice, peak inspired flow rate had little effect on inspired oxygen concentration (fig. 4).

Oxygen added to the pressurized side of the ventilator. Table 2 shows individual values and means obtained for oxygen concentrations delivered under these circumstances. Although high oxygen concentrations are deliv-

ered at very low cycling pressures, this is a peculiarity of the experimental circumstances whereby the added oxygen accounted for a high proportion of the inspired volume, when cycling occurred quickly. In the clinical cycling pressure range, inspired oxygen concentrations rise at the high cycling pressures—presumably due to falling air entrainment (fig. 5). As with values obtained when oxygen was added to the ambient side, changes in inspired flow rate within the commonly used range produced little change in inspired oxygen concentrations (fig. 6).

The two ventilators examined in this study did not have the expiratory valve pressurising

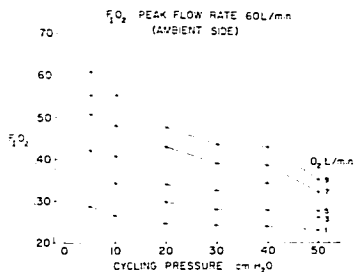


FIG. 3. Mean inspired oxygen concentrations obtained for various flows of oxygen added to the ambient side of the ventilator, at a peak inspired flow rate of 60 liters/minute.

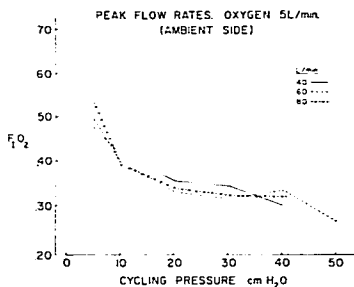


FIG. 4. Effect of inspiratory flow rate on mean inspired oxygen level. Oxygen added to ambient side of ventilator at 5 liters/minute.

TABLE 1. Values for Inspired Oxygen Concentration Delivered by Two Ventilators at Various Cycling Pressures and with Various Flows of Oxygen Added to the Ambient Side.

Added O ₂ (L/min.)	1					3					5					7					9					
	5	10	20	30	40	50	5	10	20	30	40	50	5	10	20	30	40	50	5	10	20	30	40	50		
Cycling pressure (cm. H ₂ O)	312	296	271				479	356	344				577	508	401				657	618	465					
F _{IO2} Ventilator A	302	289	291				401	429	314				550	487	354				602	614	410					
F _{IO2} Ventilator B	307	293	294				472	407	329				512	469	307				609	616	430					
F _{IO2} Mean																										
Peak Flow Rate in Liters/Minute																										
F _{IO2} Ventilator A	318	274	259	240	243		453	378	322	306	288		523	437	353	317	320		572	471	433	378	357			
F _{IO2} Ventilator B	205	205	237	251	255		370	337	325	313	273		462	413	374	358	293		520	482	422	403	310			
F _{IO2} Mean	261	270	254	247	249		412	358	324	310	266		488	425	361	353	310		546	477	428	391	334			
Peak Flow Rate in Liters/Minute																										
F _{IO2} Ventilator A	201	202	212	212	212		306	295	297	297	297		337	337	337	337	337		337	337	337	337	337			
F _{IO2} Ventilator B	127	127	127	127	127		127	127	127	127	127		127	127	127	127	127	127		127	127	127	127	127		
F _{IO2} Mean	164	164	169	169	169		169	169	169	169	169		169	169	169	169	169	169		169	169	169	169	169		
Peak Flow Rate in Liters/Minute																										
F _{IO2} Ventilator A	201	202	212	212	212		306	295	297	297	297		337	337	337	337	337		337	337	337	337	337			
F _{IO2} Ventilator B	127	127	127	127	127		127	127	127	127	127		127	127	127	127	127	127		127	127	127	127	127		
F _{IO2} Mean	164	164	169	169	169		169	169	169	169	169		169	169	169	169	169	169		169	169	169	169	169		

TABLE 2. Values for Inspired Oxygen Concentrations Delivered by Two Ventilators at Various Cycling Pressures and with Various Flows of Oxygen Added to the Pressurized Side

Added (l./l. min.)	1					2					3					4					5					6									
	5	10	20	30	40	5	10	20	30	40	5	10	20	30	40	5	10	20	30	40	5	10	20	30	40	5	10	20	30	40	5	10	20	30	40
Cycling pressure (cm. H ₂ O)	300	335	290	260	230	300	335	295	265	235	300	335	295	265	235	300	335	295	265	235	300	335	295	265	235	300	335	295	265	235	300	335	295	265	235
F10 Ventilator A	322	311	208	173	161	303	334	295	265	237	303	334	295	265	237	303	334	295	265	237	303	334	295	265	237	303	334	295	265	237	303	334	295	265	237
F10 Ventilator B	313	323	299	269	239	300	331	291	261	231	300	331	291	261	231	300	331	291	261	231	300	331	291	261	231	300	331	291	261	231	300	331	291	261	231
F10 Mean	318	317	254	221	200	302	333	293	263	234	302	333	293	263	234	302	333	293	263	234	302	333	293	263	234	302	333	293	263	234	302	333	293	263	234
Peak Flow Rate (l./l. min.)																																			
F10 Ventilator A	280	281	251	230	230	308	308	267	247	247	308	308	267	247	247	308	308	267	247	247	308	308	267	247	247	308	308	267	247	247	308	308	267	247	247
F10 Ventilator B	293	295	247	217	210	303	334	295	265	237	303	334	295	265	237	303	334	295	265	237	303	334	295	265	237	303	334	295	265	237	303	334	295	265	237
F10 Mean	272	273	249	228	223	306	331	281	261	231	306	331	281	261	231	306	331	281	261	231	306	331	281	261	231	306	331	281	261	231	306	331	281	261	231
Peak Flow Rate (l./l. min.)																																			
F10 Ventilator A	358	358	327	307	307	386	386	345	325	325	386	386	345	325	325	386	386	345	325	325	386	386	345	325	325	386	386	345	325	325	386	386	345	325	325
F10 Ventilator B	275	275	247	217	210	303	334	295	265	237	303	334	295	265	237	303	334	295	265	237	303	334	295	265	237	303	334	295	265	237	303	334	295	265	237
F10 Mean	317	317	287	262	259	345	360	315	295	265	345	360	315	295	265	345	360	315	295	265	345	360	315	295	265	345	360	315	295	265	345	360	315	295	265
Peak Flow Rate (l./l. min.)																																			
F10 Ventilator A	483	483	453	433	433	511	511	470	450	450	511	511	470	450	450	511	511	470	450	450	511	511	470	450	450	511	511	470	450	450	511	511	470	450	450
F10 Ventilator B	313	313	285	255	250	340	371	330	310	310	340	371	330	310	310	340	371	330	310	310	340	371	330	310	310	340	371	330	310	310	340	371	330	310	310
F10 Mean	398	398	369	344	342	426	441	400	380	380	426	441	400	380	380	426	441	400	380	380	426	441	400	380	380	426	441	400	380	380	426	441	400	380	380

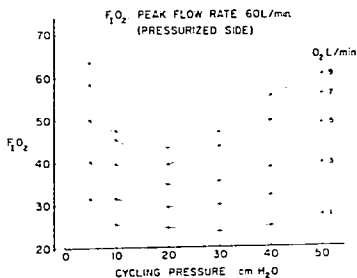


FIG. 5. Mean inspired oxygen concentrations obtained for various flows of oxygen added to the pressurized side of the ventilator.

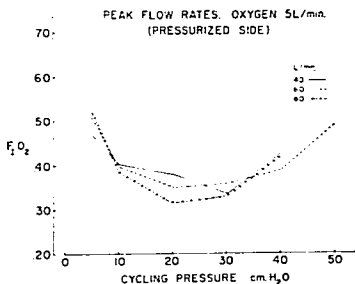


FIG. 6. Effect of inspiratory flow rate on mean inspired oxygen level. Oxygen added to pressurized side of ventilator at 5 liters/minute.

line led back into the circuit. In instances where this line is used for nebulization, the effect would be to add a small quantity of the driving gas to the inspired mixture. The overall effect would be a very small reduction in inspired oxygen concentration.

DISCUSSION

Anxiety has been expressed that the prolonged administration of high concentrations of inspired oxygen may produce pulmonary damage.^{2,3} Since maximum increase in arterial oxygen saturation, in patients with pulmonary disease, can usually be produced by using inspired oxygen concentrations well below 50 per cent, the results obtained in this and our previous study¹ suggest that the Bird Mark 7 Ventilator may best be operated from a source of compressed air, with the addition of oxygen to the ambient or pressurized side. Considerable variation occurs between individual ventilators, but oxygen concentrations between 21–45 per cent can be obtained by adding oxygen at flows up to 9 liters/minute.

The tendency is for inspired oxygen levels to be lower at high cycling pressure when the oxygen is added to the ambient side of the machine. Although this may be avoided by adding the enriching oxygen to the pressurized side, this interferes with patient triggering at the higher oxygen flows. In practice, it is useful to measure oxygen levels at the tracheotomy. In the very occasional case where adequate oxygenation cannot be achieved by this means, the ventilator should be operated from a source of compressed oxygen.

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