

Vapotherm® Oxygen Assist Module

When precise oxygen control is essential.



- OAM assists staff in maintaining SpO₂
- May reduce the amount of manual FiO₂ adjustments needed
- OAM automated control can improve the patient's proportion of time in SpO₂ target range
- May reduce time in SpO₂ alarms and noise due to SpO₂ alarms

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Why COVID-19 patients may benefit from OAM™ Automated Oxygen Controller

Guidelines call for **COVID-19** patients' SpO₂ target range ideally between **92-96%**.¹ Keeping your COVID-19 patients in this narrow target range can be demanding, often requiring frequent manual adjustments to the FiO₂. But OAM can help you improve oxygen control. When compared to manual control, **OAM automated control** can keep your patient in the target SpO₂ range for a greater proportion of time.² This maintenance within the range can help you meet your patients' oxygen demands as they fight the disease and help improve their mortality outcomes.³

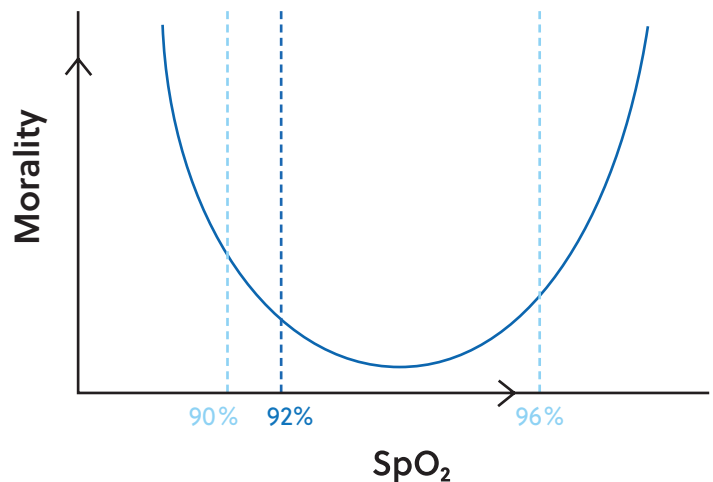
Harmful effects of hyperoxia

COVID-19 isn't the only condition where precise oxygen targets are important. While the dangers of **hypoxemia** are well-known, **hyperoxia** in adults can present its own challenges. Too much oxygen in certain populations of critically ill patients, such as pulmonary damage or vasoconstriction can lead to worse mortality outcomes.⁴

With OAM assisting you in maintaining a patient's target SpO₂ range more reliably than manual control alone, you can offer your patients the oxygen treatment they need while reducing the risk of **over-oxygenation**.



Maintaining SpO₂ targets between 92-96% may improve COVID-19 patient mortality outcomes.³



Graph adapted from CDC COCA³

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 is not available in all markets. Contact your VapoTherm Representative for Ordering Information

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

Visit www.vapoTherm.com to learn more.



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