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Effect of oxygen (O₂) versus room air on the infarction size of acute myocardial infarction (AMI) patients.

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Background: Oxygen is prescribed globally for the treatment of acute myocardial infarction (AMI) as a part of prescribed medicines in global rules morphine, oxygen, nitroglycerin and aspirin (MONA). However, there is vulnerability about O₂ benignity and benefits. This management is encouraged by the expert confidence that expanded oxygen supply decreases ischemia and thus agony and mortality. This practice depends on the conviction that applies O₂ prompts expanded oxygen conveyance to the ischemic myocardium and in this manner, decrease infarct size and ensuing danger of complications as heart failure and arrhythmias. In any case, regular O₂ usage lead to raise mortality, which might be clarified by O₂ vasoconstrictor properties, prompting expanded vascular resistance and decreasing coronary blood flow.

Purpose: The main aim of this study is to identify the clinical impact of the routine use of O₂ therapy on the infarction size for AMI patient. Concurrently with the main aim to figure out if O₂ therapy has any other harmful effect on the AMI patient.

Methodology: This research will be conducted by quantitative research method using a Randomized Control Trial (RCT) design. This study considered treatment and interventional study and the most suitable design for it is RCT since it allows the author to test the cause and effect-relationship of the treatment (which is O₂ therapy). As well as, RCT allow the author to have control group (the group who will not receive the treatment) as base line for measuring the changes (infarction size) that may occurs on the experimental group (the group who will receive the treatment). So that any pre-intervention and or post intervention differences between the control group and the experimental group can be measured.

Conclusion: Oxygen therapy has been used for decades globally as the first line in managing AMI patients. The common thought about oxygen is that individuals consider oxygen a useful air not a medication, many health care professionals have been used oxygen as a valuable air for AMI patients regardless the debate about its harmful effect on the infarction size

Biography

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