Variation in the PaO2/FiO2 ratio with FiO2: Mathematical and experimental description and clinical relevance

D.S Karbing, S Kjærgaard, B.W Smith, K. Espersen, C.Allerød, S.Andreassen, S.E Rees.



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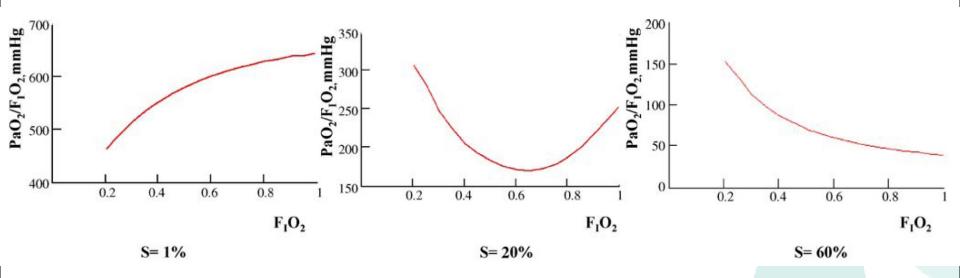
Definition of ALI and ARDS

- The acute onset of respiratory failure.
- Bilateral infiltrates seen on frontal chest radiograph.
- No evidence of left atrial hypertension.
- The following values of the PaO2/FiO2 ratio
 - ALI, 27 kPa ≤ PaO2/FiO2 < 40 kPa
 - ARDS, PaO2/FiO2 < 27 kPa

Bernard et al., AJRCCM, 1994, 149, 818-824



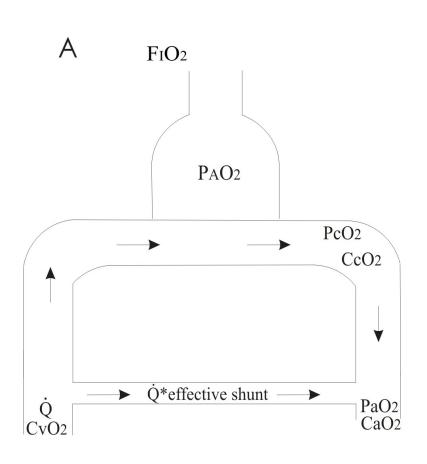
Critique of the use of the PaO2/FiO2 ratio



Aboab et.al, Relation between PaO2/FiO2 and FiO2: a mathematical description, ICM, 2006, 32: 1494-1497.



Limitations of Aboab's simulations

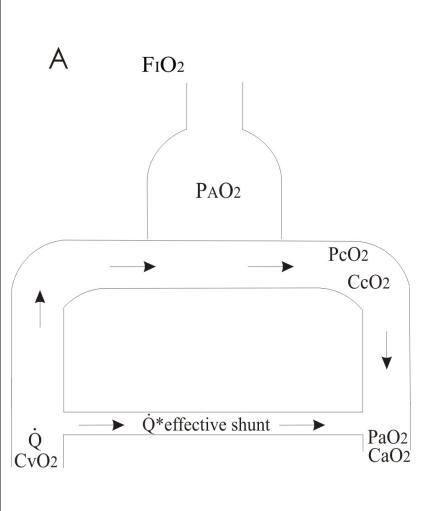


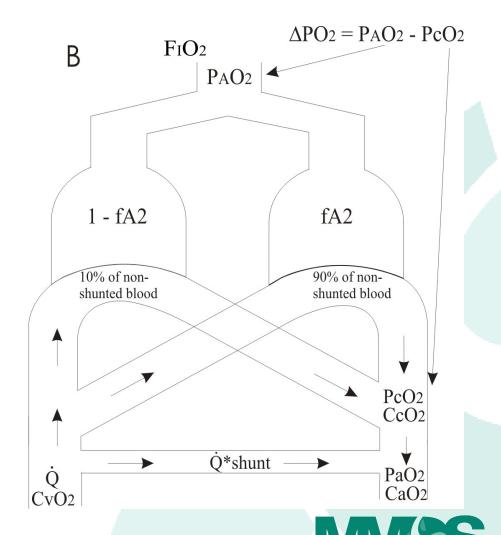
- Computer simulations, no measured data
- Simulations performed with a model well known to be a poor approximation to the effects of varying FiO2

"changes in FiO2 influence the intrapulmonary shunt fraction, which included the true shunt plus ventilation perfusion mismatching"

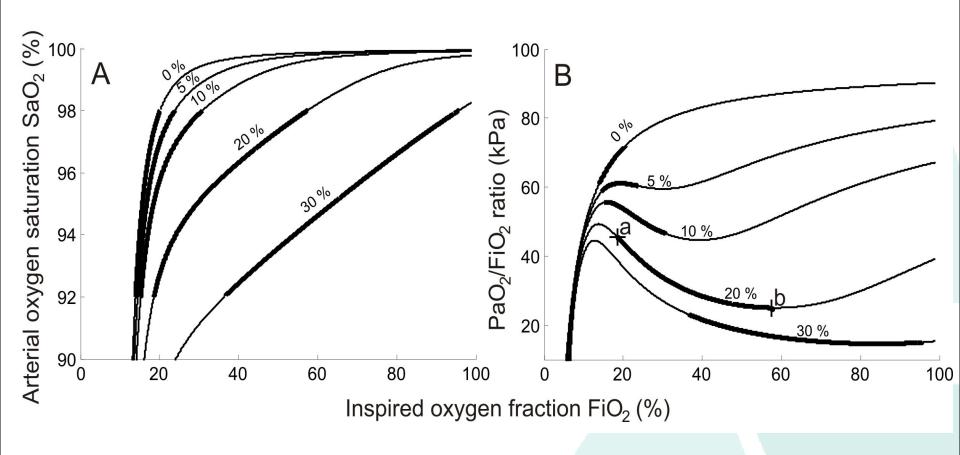


Modelling including shunt and V/Q mismatching



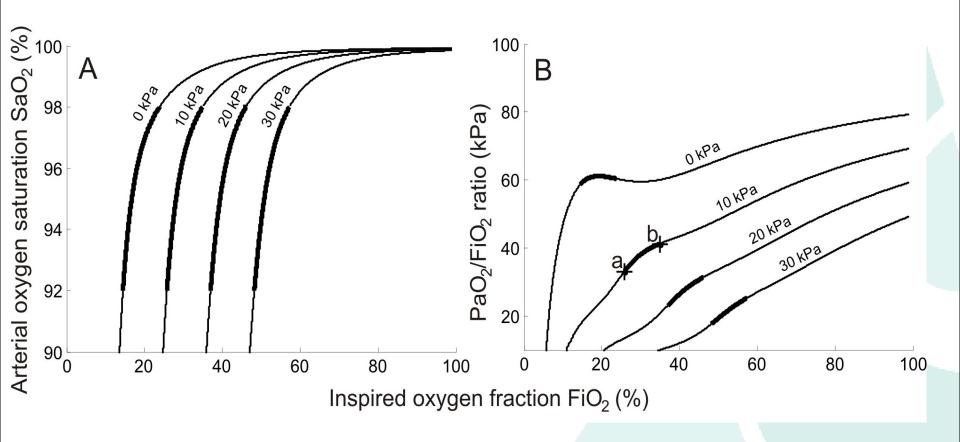


Simulations of the effects of shunt



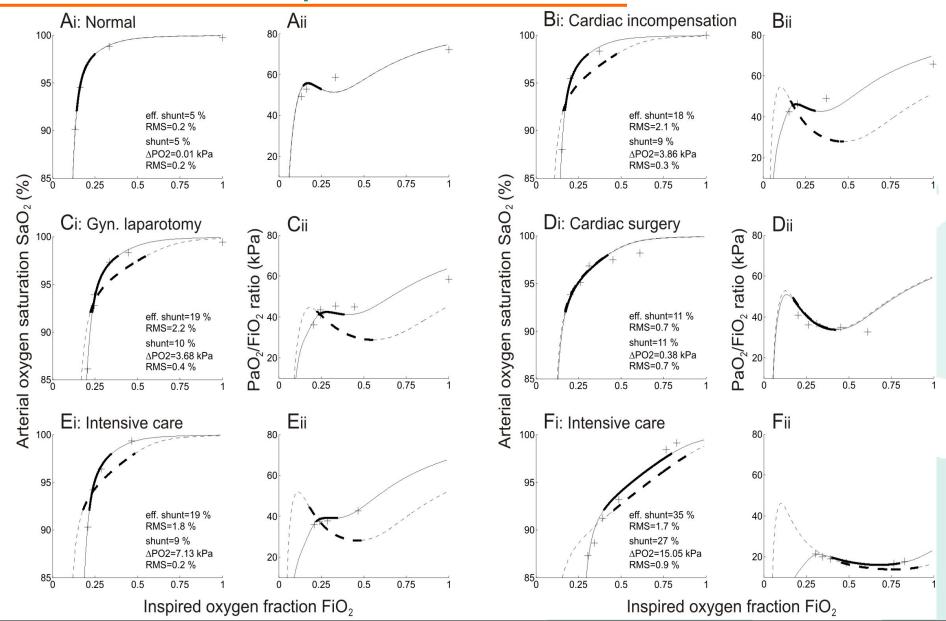


Simulations of the effects of V/Q mismatch





Patient examples: which model is best?



Using the shunt + V/Q model, what are the consequences for PaO2/FiO2.

V/Q and shunt model

Low FiO ₂	High FiO ₂			
	Normal: 42	Mild Hypoxemia: 19	ALI: 31	ARDS: 24
Normal: 56	39	12	5	0
Mild hypoxemia: 19	3	6	9	1
ALI: 23	0	1	16	6
ARDS: 18	0	0	1	17

^{*} Normal ($PaO_2/FiO_2 > 47 \text{ kPa}$) [19], Mild Hypoxemia ($40 \le PaO_2/FiO_2 < 47 \text{ kPa}$), ALI ($27 \le PaO_2/FiO_2 < 40 \text{ kPa}$)

[4,5], ARDS (PaO₂/FiO₂ < 27 kPa) [4,5].



Conclusions: How should we define ALI and ARDS.

- If we are to use PaO2/FIO2 we should at least define the level of FiO2 at which it is specified (this still does not make it comparable between patients).
- Perhaps the definition of ALI and ARDS should be made using more complex oxygenation indicies including both shunt and V/Q components.

