

Supplemental Online Content

Azoulay E, Lemiale V, Mokart D, et al. Effect of high-flow nasal oxygen vs standard oxygen on 28-day mortality in immunocompromised patients with acute respiratory failure: the HIGH randomized clinical trial. *JAMA*. doi:10.1001/jama.2018.14282

eTable. Oxygenation and Ventilation 6 Hours After Randomization

eFigure 1. Cumulative Incidence of Mechanical Ventilation

eFigure 2. Respiratory Rate and PaO₂:FIO₂ Ratio

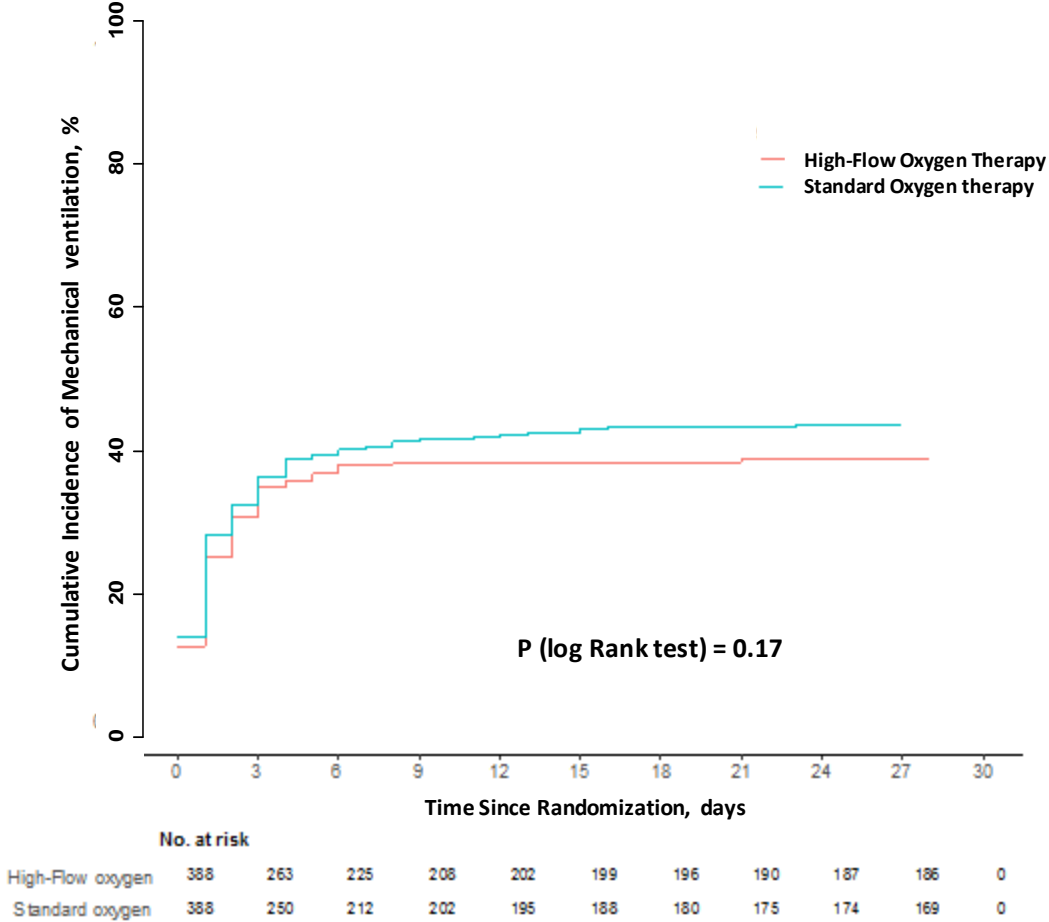
eFigure 3. Patient Comfort and Dyspnea

This supplementary material has been provided by the authors to give readers additional information about their work.

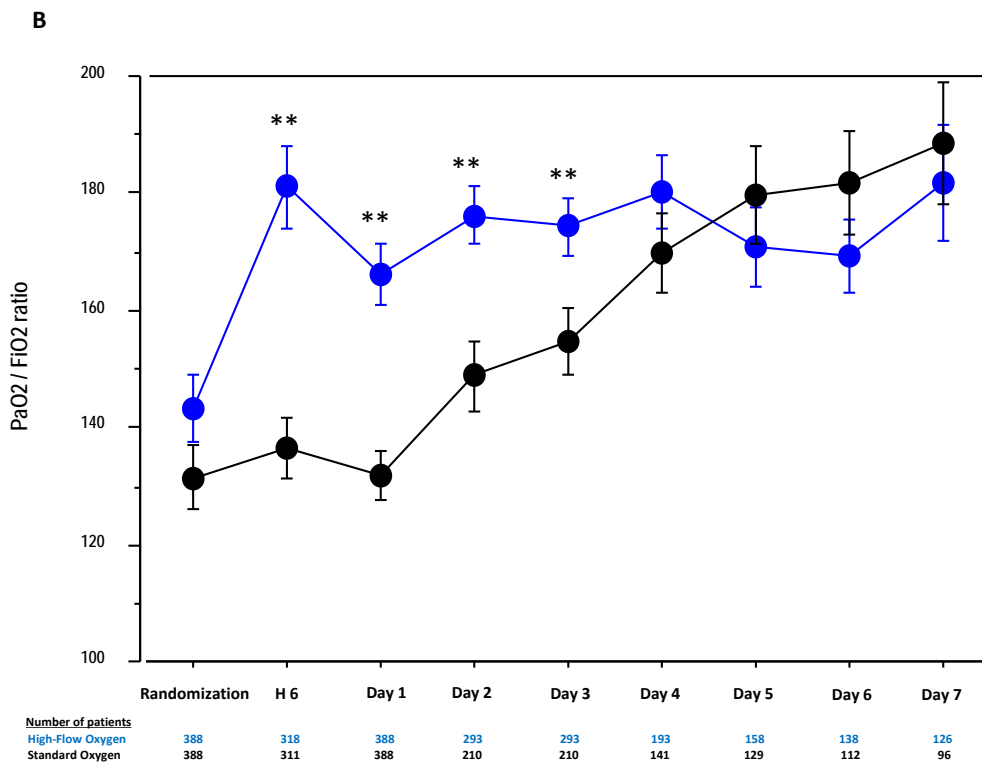
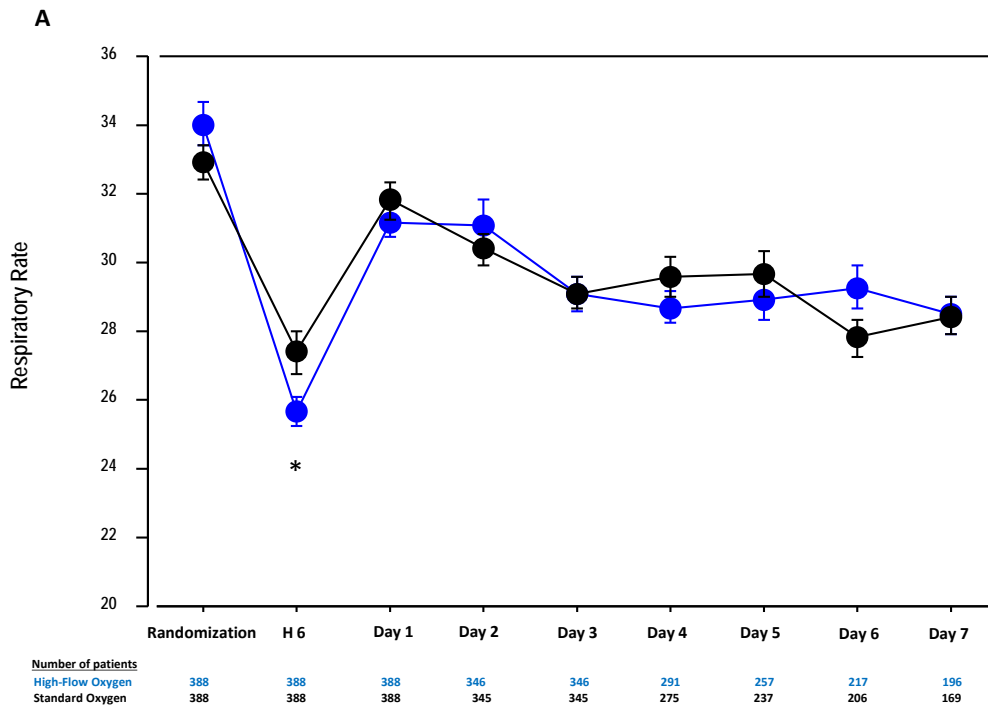
eTable. Oxygenation and Ventilation 6 Hours After Randomization

Number (%) unless otherwise noted	High-flow oxygen therapy, (N=388)	Standard Oxygen, (N=388)
Invasive mechanical ventilation	39 (10.0)	46 (11.8)
Respiratory rate (/min, median [interquartile range]))	25 [20-30]	26 [21-31]
Standard oxygen only	0	342 (88.2)
Oxygen flow (L/min, median [interquartile range]))	50 [50-60]	8 [6-15]
Noninvasive ventilation	0	0
High-flow oxygen therapy in non-intubated patients	349 (100)	0
FiO ₂ (median [interquartile range])	70 [60-90]	/
PaO ₂ /FiO ₂ ratio six hours after randomization (median [interquartile range])	150 [104-230]	119 [86-165]

eFigure 1. Cumulative Incidence of Mechanical Ventilation



eFigure 2. Respiratory Rate and PaO₂:FIO₂ Ratio



eFigure 3. Patient Comfort and Dyspnea

