

Supplementary Material (Table S1)

Neuroprotection under pressure: rethinking hyperbaric oxygen therapy

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Table S1. Accepted indications for HBOT^a

Primary therapeutic indications	Accepted adjunctive indications ^b
Decompression sickness—definitive treatment for divers	Clostridial myositis and myonecrosis (gas gangrene)
Air or gas embolism—considered first-line treatment for arterial gas embolism	Necrotizing soft tissue infections, including necrotizing fasciitis and Fournier’s gangrene
Severe carbon monoxide poisoning—reduces delayed neurological sequelae	Crush injuries, compartment syndrome, and other acute traumatic peripheral ischemia
Exceptional blood-loss anemia—treatment of choice when transfusion is not an option, for example, in cases of religious refusal	Arterial insufficiencies, including selected problem wounds and diabetic foot ulcers
	Chronic refractory osteomyelitis
	Delayed radiation injury, including soft tissue and bony necrosis/osteoradionecrosis
	Compromised skin grafts and flaps
	Intracranial abscess
	Acute thermal burn injuries
	Idiopathic sudden sensorineural hearing loss
	Central retinal artery occlusion is recognized as an emergent indication

^a Sources: U.S. Food and Drug Administration (<https://www.fda.gov>); Undersea Hyperbaric Medical Society (<https://www.uhms.org/>) and [1]; ^b Some of these indications require ready access to HBOT equipment within the hospital emergency department.

[1] Tibbles, P.M.; Edelsberg, J.S. Hyperbaric-Oxygen Therapy. *N. Engl. J. Med.* 1996, 334, 1642–1648, doi:10.1056/NEJM199606203342506.