

Adult High Flow Nasal Cannula Protocol

For Patients with COVID+ Hypoxemic Respiratory Failure

December 2020

ADULT COVID HIGH FLOW NASAL CANNULA PROTOCOL

PURPOSE

A protocol for the titration of high flow nasal cannula (HFNC) in patients with acute hypoxemic respiratory failure due to COVID pneumonia and ARDS.

DESCRIPTION

A licensed Respiratory Care Practitioner (RCP) in collaboration with the health care team, will be responsible for initiating, managing, and weaning a patient from HFNC with an MD/LIP order.

LOCATION

Initiation of HFNC will continue to be dictated by each delivery networks unit specific admission guidelines. It is strongly recommended that evaluation for ICU or SDU is made. Continuous pulse oximetry monitoring is required.

SAFETY

It is strongly recommended that patient wears a face mask over HFNC or resides in a negative pressure room. Staff to wear PPE per guidelines.

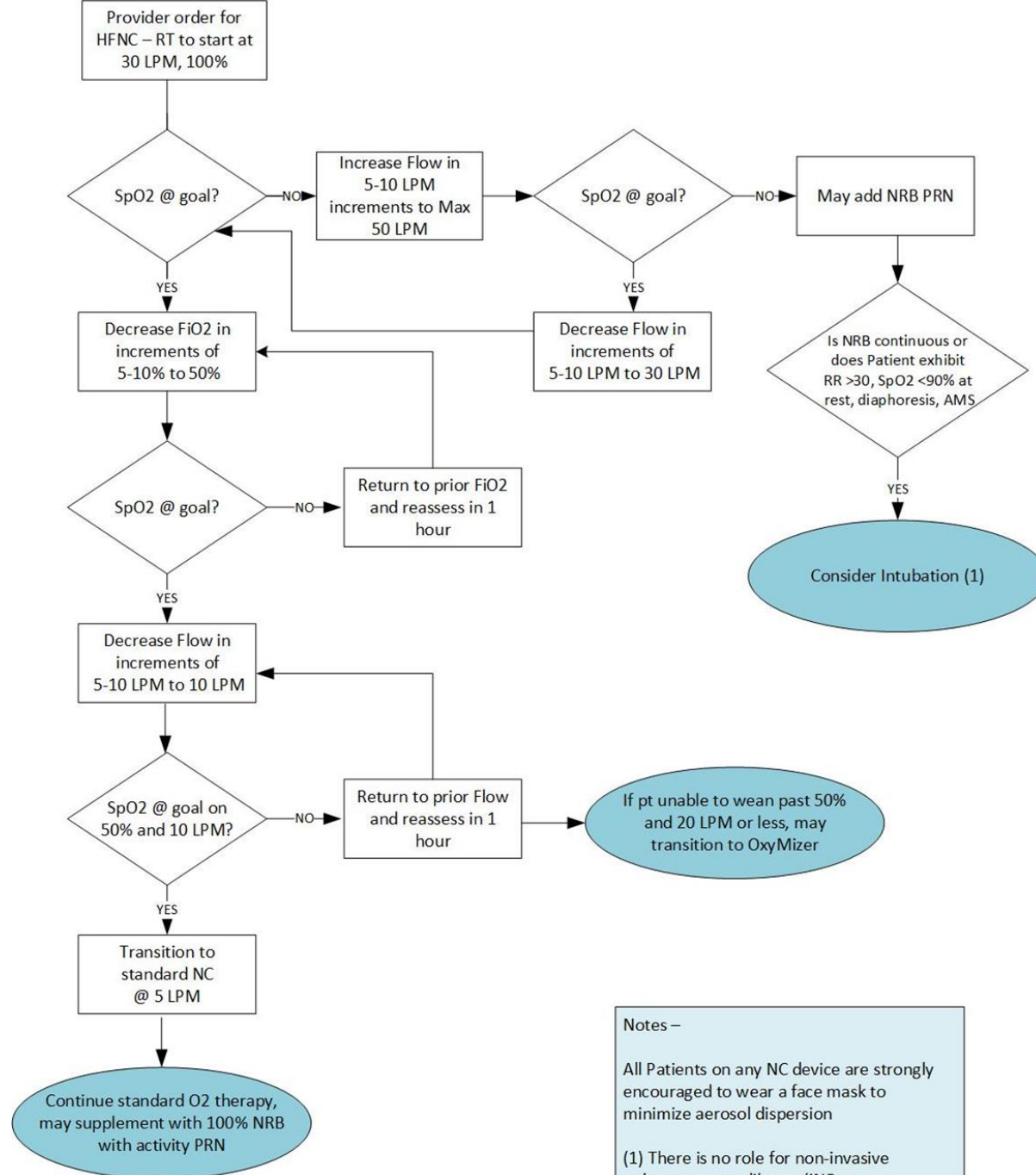
ACUTE INDICATIONS FOR HFNC

- SpO₂ < 88% on at least 5L NC or requiring 100% NRB to maintain Sat >92%

CONTRAINDICATIONS

Conditions under which invasive mechanical ventilation is more appropriate than HFNC.

- Respiratory or cardiac arrest
- Hypotension requiring vasopressors
- Respiratory acidosis (PCO₂ >50 with pH <7.34)



Notes –

All Patients on any NC device are strongly encouraged to wear a face mask to minimize aerosol dispersion

(1) There is no role for non-invasive pulmonary vasodilators (iNO or epoprostenol)

Oxygen Devices



High Flow Nasal Cannula



Oxymyzer



Standard Nasal Cannula

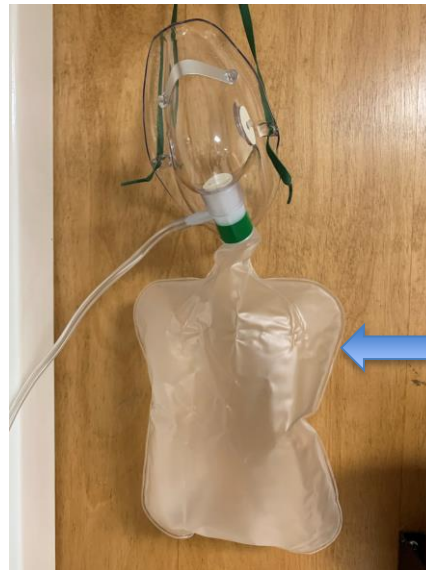
Oxymizer

- Nasal Cannula that conserves oxygen by allowing oxygen to accumulate in the reservoir while the patient exhales.
- Results in providing a higher fiO_2 when the patient inhales.
- Max flow is 5L for COVID+ & PUI.
- Weaned in 1L increments per pts ordered SpO₂ goal.
- Can not be hooked up to humidification.



Non-rebreather use

- Turn the oxygen flow up to ensure that the reservoir bag does not collapse when the patient inhales.
- **SHOULD NOT BE USED CONTINUOUSLY**
- May be used for recovery prn for 15-20 minutes.
- If the patient can not remove the NRB after PRN use, escalate O2 support per the protocol and notify the covering provider.



Reservoir Bag

VISION, MISSION AND VALUES



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