

High Flow Nasal Cannula Highlights

- HFNC is set up and managed by Respiratory. Call them on x19535 if you need help.
- Patient on HFNC should be on continuous pulse ox monitoring. Respiratory rate monitoring is also an option on SCU.

Reasons to use HFNC:

- Improved patient comfort
- Does not prevent oral intake
- Allow for warmth and humidification
- May reduce work of breathing and respiratory rate

Clinical benefits of HFNC:

- Increased humidification facilitates removal of secretions and may decrease work of breathing
- Large amount of oxygen washes out airway deadspace
- CPAP effect can enhance oxygenation– greatest when patient keeps their mouth closed
- Higher flow rate results in minimal entrainment of room air and more reliable FiO₂. Open mouthed breathing will reduce this.

Application:

- Wall oxygen source runs through a heater and humidifier. The patient wears soft, pliable, wide-bore nasal prongs, which fit snugly into the nares and are held in place with a strap.
- There are 2 settings-
 - o O₂ Flow rate (range is from 5 to 60 L/minute), set by flowmeter
 - o FiO₂ (range is 21% to 100%), on digital display

Nursing care:

- High flow nasal cannula is considered aerosolizing. Airborne precautions should be used.
- Remain vigilant for signs of respiratory failure that may necessitate intubation:
 - o Elevations of respiratory rate
 - o Failure to improve oxygenation within an hour after initiation
- Document oxygen delivery accurately in flowsheets, and patient's vital signs, position, and work of breathing.
- Flowsheet documentation should include oxygen modality (high flow nasal cannula), and the current flow rate and FiO₂ settings