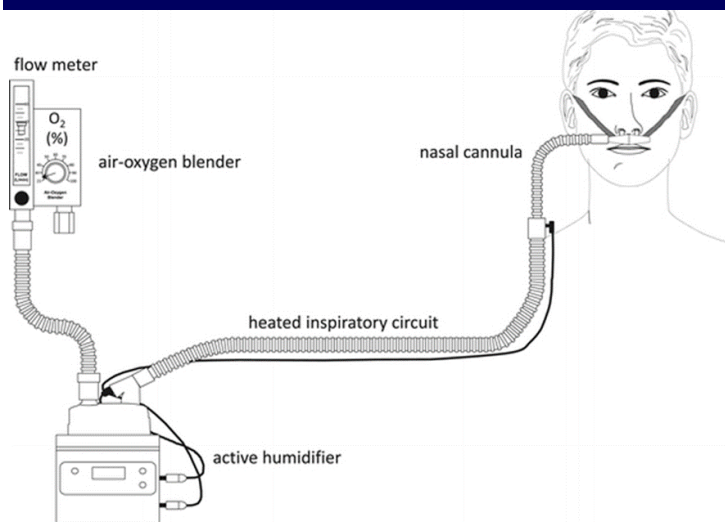


High Flow Nasal Cannula: management of COVID-19 patients

Huddle Sheet

April 2020

High flow improves oxygenation for the patient by washing out dead space in the lungs and clearing out the CO₂. The positive end expiratory (PEEP) effect oxygenates the airway and the warm water creates vapors which loosens mucus so the alveoli can fully expand.



AEROSOL-GENERATING PROCEDURE

- PPE for Health Care Worker
 - N95 respirator or PAPR
 - Gloves
 - Gown
 - Eye protection– face shield or goggles
- Patient
 - Surgical mask over nose and mouth

TRANSPORT

- Place patient on NRB
 - *10-12 Liters
- Surgical mask over NRB
- RN must travel with patient

Indication

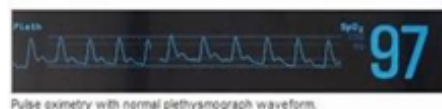
- SaO₂ <92%, or ↑ (WOB), despite supplemental oxygen up to 6 LPM NC

Settings

- Collaborate with Respiratory Therapist, RT to titrate
- FiO₂ : up to 100%
- Flow : 10-60 LPM

Monitoring

- Ensure the patient is on *continuous pulse ox*
- Monitor the SpO₂ pleth wave for uniformity
- Monitor trends in oxygenation status:
 - SpO₂ saturation, Respirations, WOB, LOC (decreased LOC could indicate ↑ CO₂ levels)



Is the patient experiencing mild distress?

(SpO₂ < 92%, increased RR or increased WOB)

Can occur during/after patient activity due to increased O₂ demand

Consider NRB: place on patient to allow hyper oxygenation prior to physical activity