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.

**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

**AEROSOL-GENERATING PROCEDURE**
- PPE for Health Care Worker
  - N95 respirator or PAPR
  - Gloves
  - Gown
  - Eye protection—face shield or goggles

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