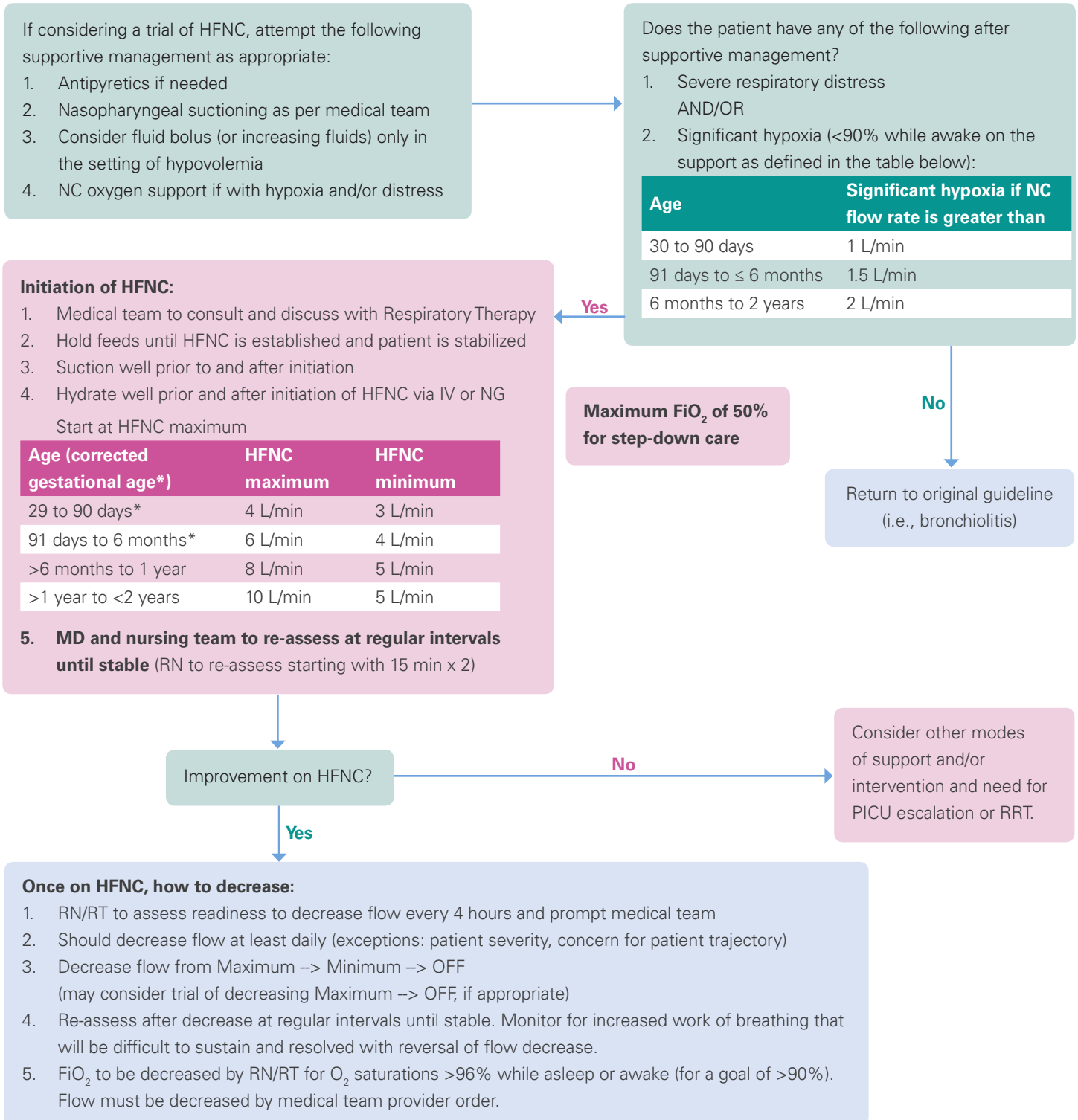


Clinical Guideline

High-flow nasal cannula

 This guideline should not replace clinical judgment.

Pediatric Emergency and Hospital Medicine (step-down care)



Clinical Guideline

High-flow nasal cannula

Pediatric Emergency and Hospital Medicine (step-down care)

Additional notes:

Considerations for transfer to the PICU:

1. Signs and symptoms of respiratory distress and/or persistent desaturations despite maximal HFNC and oxygen support
2. Concern for trajectory of patient illness and course
3. Any concern based on clinical judgment

Once on HFNC - feeding recommendations as per provider discretion:

1. May be started on IVF initially.
2. NG should be placed and enteral continuous feeds initiated for patients who remain NPO for greater than 24 hours after admission. May also consider ND tube placement.
3. Per provider discretion, may attempt oral feeding when the flow has been decreased to HFNC minimum, in the absence of signs of respiratory distress.
4. First oral feeding should be supervised by medical provider, RN or SLP.
5. Discontinue oral feeding in the presence of increased coughing, choking or respiratory distress.

High-Flow Nasal Cannula Guideline

Executive Summary

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Approved (August 2018)

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High-Flow Nasal Cannula Guideline

Executive Summary

Citation

Title: **High-Flow Nasal Cannula Guideline**

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Date: **August 2018**

Retrieval website: **<http://www.chrichmond.org/clinical-pathway-HFNC>**

Example:

Children's Hospital of Richmond at VCU, Tseng A, Reed J, Willson D, Hanson C. HFNC Guideline. Available from:

<http://www.chrichmond.org/clinicalguideline-HFNC>