

Facility: _____ Ward: _____		(affix patient label here)	
<b>Decision to commence HHFNC</b>		Time: ___:___ (24 hour clock) Date: ___/___/___ (DD/MM/YY)	
<b>Indications for commencement</b>		Mild respiratory distress <input type="checkbox"/> Moderate respiratory distress <input type="checkbox"/> Severe respiratory distress <input type="checkbox"/> Failure to respond to low flow oxygen Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented <input type="checkbox"/> Review by Senior ED/Paediatric MO prior to commencement Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented <input type="checkbox"/>	
<b>Starting parameters</b>		.....L/kg .....FiO <sup>2</sup>	
<b>Time of review by Admitting Medical Officer / Consulting Paediatrician following commencement of HHFNC</b>		Time: ___:___ (24 hour clock) No review <input type="checkbox"/> Not documented <input type="checkbox"/>	
<b>Escalation</b>			
<b>Escalated parameters</b>		.....L/kg .....FiO <sup>2</sup>	
<b>If stable – Ongoing 4<sup>th</sup> hourly Medical Review</b>		Yes <input type="checkbox"/> No <input type="checkbox"/> Not documented <input type="checkbox"/>	
<b>If unstable Escalated as per local CERS</b>		Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented <input type="checkbox"/>	
<b>If not responding to 2L/kg decision to transfer made within one hour</b>		Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented <input type="checkbox"/>	
<b>If stable weaning plan documented by Senior Paediatric Medical Officer/Paediatrician</b>		Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented <input type="checkbox"/>	
<b>Comments:</b>			
Signature: _____		Designation: _____	

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## **COMPLETING THE AUDIT TOOL**

This audit tool accompanies the Humidified High-Flow Nasal Cannula Oxygen Guideline for Metropolitan Paediatric Level 4 Units and Emergency Departments.

- ✓ All dates are in DD/MM/YY format.
- ✓ All times are in HH:MM 24 hour clock format.
- ✓ Patient label must be attached to each sheet.
- ✓ All fields are mandatory and N/A is provided where required.
- ✓ Please use the comments box to record information which may assist in the data analysis. This includes explanations of blank fields etc. Do not use the comments box as a pathology or medical record.
- ✓ The signature and designation boxes are to record the name of the person completing the form.