

Aerosol generating respiratory therapies

High flow nasal prong oxygen (HFNPO₂)



HFNPO₂ has the potential to generate aerosolised droplets. It may increase the risk of transmission of respiratory viruses to healthcare workers and other patients.

Please remember the points below when HFNPO₂ is the most appropriate treatment for your patient and they are unwell with an acute respiratory viral illness (including COVID-19).

- Low flow conventional oxygen therapy is sufficient for most adult patients with SpO₂ < 92%. Lower thresholds should be used in patients at risk of hypercapnic respiratory failure (SpO₂ 88–92% – see [TSANZ Oxygen guidelines for acute oxygen use in adults](#)).
- Its use in the treatment and management of patients with COVID-19 can be reviewed in the [Australian guidelines for the clinical care of people with COVID-19](#).
- HFNPO₂ still remains an appropriate therapy for some people with respiratory failure.
- When starting HFNPO₂, please document a detailed management plan for review, escalation of care and cessation of HFNPO₂ – including end of life planning when appropriate.
- When HFNPO₂ is the only appropriate therapy and a respiratory viral infection is suspected or confirmed, administer in a negative pressure or single room using contact, droplet and airborne precautions. If this is not possible then efforts should be made to move the patient to a negative pressure or single room as soon as possible.
- Any room which has had an aerosol generating procedure in it requires airborne precautions for a minimum of 30 minutes after. The exact time depends on air changes per hour. For more information, see [Infection Prevention and Control Novel Coronavirus 2019 \(2019-nCoV\) – Hospital setting](#) from the Clinical Excellence Commission.
- Local sites should also consider local COVID-19 screening questions and processes in the context of [local prevalence data](#) when using HFNPO₂.

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