HUMIDIFIED HIGH FLOW NASAL CANNULA OXYGEN THERAPY
FLOW CHART

HHFNC Oxygen Therapy commenced in infants with bronchiolitis or children with moderate to severe respiratory distress
1. Who have failed to respond to low flow oxygen and
2. AFTER senior ED/Paediatric Medical Officer review

Commence at 1L/kg/min Flow and 40% FiO₂

AFTER 15mins if no clinical improvement
Review by Senior Paediatric Medical Officer
Titrate up to 2L/kg/min to a maximum of 25 L/min
Titrate FiO₂ up or down to maintain SpO₂ between 92-98%

Review by Senior Paediatric Medical Officer

Clinically stable or improving
continue to monitor and document observations hourly
4 hrly review by Senior Medical Officer/Paediatrician

Clinically Unstable
If no improvement after 60 mins, deterioration, or unable to maintain saturations above 92% at a maximum of 60% FiO₂ progress to Senior Medical/Paediatrician review and local escalation procedures

If clinically stable after 24hrs of HHFNC therapy ongoing medical review should occur 4-8hourly
If clinical state is improving consider weaning.
1. First decrease FiO₂ to maintain SpO₂ > 92%
2. Second decrease flow rate by half

If clinical state is deteriorating escalate as per Local CERS & contact NETS 1300 36 2500 for transfer to Tertiary Facility
Consider intubation

HHFNC Oxygen Therapy should not exceed 2L/kg/min or a maximum of 25 L/min