

Initial Evaluation

Vital Signs
Work of Breathing (WOB)
 Assess for: retractions, nasal flaring, head bobbing, grunting, tachypnea
Mental Status
Hydration and Feeding

Initial Interventions

- If febrile, give antipyretic
- Suction as needed (NA/NP as clinically indicated)
- If signs of dehydration, fluid bolus (IV or NG as available)
- If SpO2 <90%, start low flow nasal cannula (LFNC)

NOTE: The clinical status of patients with respiratory distress changes over time requiring appropriate monitoring and responsiveness to changes in clinical status (for both deterioration and improvement).

Holistic Reassessment

Mild WOB
 Mild WOB and SpO2 ≥ 90%

Moderate WOB
 Most infants tolerate increased WOB and tachypnea without further intervention.

Severe WOB
 May include: severe retractions, grunting, nasal flaring and/or head bobbing

Continue current management with close monitoring at appropriate frequency based on clinical status to reassess continued tolerance of degree of WOB and response to interventions.

Is patient tolerating WOB?*

Consider initiation of HFNC
 Consider alternative diagnoses
See HFNC Policy for inclusion criteria and floor limits

***Signs that patient is not tolerating their increased WOB:**

- Inability to coordinate suck/swallow/breathing for feeds
- Persistent tachycardia despite adequate fluid resuscitation
- Change in mental status (inconsolable, lethargic)
- Hypoxia despite supplemental oxygen via LFNC

NOTE: Work of breathing should not be the sole determiner of the need for HFNC, but part of the holistic clinical assessment.

Medical Disclaimer

This document is designed to provide a framework for the initiation of High Flow Nasal Cannula therapy for patients with increased work of breathing. It is not intended to establish a protocol for all patients with this condition, nor is it intended to replace a clinician's judgement. Adherence to this document is voluntary. Decisions to adopt recommendations from this document must be made by the clinician in light of available resources and the individual circumstances of the patient.

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This document was created by the Children's Wisconsin High Flow Nasal Cannula Team, October 2022

The High Flow Nasal Cannula Team is a multidisciplinary team with representatives from hospital medicine, critical care, emergency medicine, acute care nursing, critical care nursing, and respiratory care.

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