

## HFNC for Acute Care Non-Bronchiolitis Patients at N.C. Children's Hospital

- This is to provide guidance for patients admitted requiring HFNC for disease processes other than bronchiolitis. For patients with bronchiolitis please see bronchiolitis-specific HFNC pathways.

Call Ped Rapid Response Team (PRRT) to inform PICU of patient needing escalating support. Discuss next steps and contingency plan.

Make intermediate level of care.

Start HFNC at 1.5 L/kg/min, max for cannula, or 20 L (whichever is lowest).

Only increase FiO<sub>2</sub> over 40% for hypoxemia (sat <90%) that doesn't respond to suctioning or repositioning.

Increasing FiO<sub>2</sub> requirement above 60% requires repeat PRRT.

Max HFNC support on floor is 2 L/kg/min or 40 L (whichever is lower).

\*Exceptions to this policy can be made by conversation between Charge RN, primary team attending, and PICU.

Age	Starting Flow	Cannula Size	Cannula Max Flow	Initial FiO <sub>2</sub>
< 3 mo	1.5 L/kg/min	Sml/Med	8/10 LPM	<40%
3-12 mo	1.5 L/kg/min	Med/Lrg	10/23 LPM	
12-24 mo	1.5 L/kg/min or 20 L (whichever is lower)	Lrg/XL	23 LPM	
> 24 mo	1.5 L/kg/min or 20 L (whichever is lower)	Per RT	Depends on cannula size chosen by RT	