BCSRT (BRITISH COLUMBIA SOCIETY OF RESPIRATORY THERAPISTS)
RTLBC (RESPIRATORY THERAPY LEADERS OF BRITISH COLUMBIA)
OFFICIAL RECOMMENDATION OF A PRACTICE GUIDELINE

PEDIATRIC HEATED AND HUMIDIFIED HIGH FLOW NASAL CANNULA (HHHFNC)

On behalf of the BCSRT and RTLBC, a Provincial Respiratory therapy working group of leaders, educators, and clinicians, endorse the following recommendations around the use of heated high flow in pediatric patients.

1. Therapy started as early as possible. Where indicated, initiate in the emergency room.
2. Use of PRAM scoring to assess benefit of treatment and trending of therapy.
3. Use of 2L/KG/MIN for initiation with no titrating of flow
4. FiO_2 should be weaned to less than 0.30 before patient is trialed off. If oxygen requirements increase, consider restarting HHHFNC.
5. Criteria for escalation of care and possible transfer to higher level of care (ie PICU or BCCH) may include (however not limited to):

*Heart rate remains unchanged or increased compared to vital signs at the initiation of HHHFNC
*Respiratory rate remains unchanged or increased compared to vital signs at the initiation of HHHFNC.
*Oxygen requirement ON HHHFNC therapy exceeds FiO2 ≥ 50 % to maintain SpO2 > 92%
*PEWS (Pediatric Early Warning System) indicates escalation of care.
*Transfer may occur before getting to > 2.0 L/kg/min so that a buffer zone for therapy remains in case the child deteriorates and transport for respiratory support becomes more complex.
*Clinical deterioration (i.e. apneas, bradycardias, deteriorating LOC, poor perfusion)
*Deteriorating blood gases

Any care guidelines endorsed by the BCSRT and RTLBC are recommendations only and should be discussed and approved by the appropriate stakeholders at your facility