

## High-Flow Nasal Cannula (HFNC) Oxygen Implementation Education Recommendations

### Target Groups

- RT
- RN + RPN
- MD (Critical Care, Internal Medicine or Emergency Medicine)
- Critical Care Response Team (CCRT)
- COVID care team (if applicable) leads from above groups

### Topics

- Resources
  - High Flow Nasal Cannula (HFNC) requires the availability of a registered respiratory therapist to be available for consultation and management of the HFNC circuit.
  - Frequent oximetry is required to monitor patients on HFNC. Continuous oximetry is preferred but not required.
  - HFNC delivery equipment is required.
  - Patient care spaces are ideally capable of providing a negative pressure care environment. Failing the availability of negative pressure, HFNC can be safely deployed in the case of COVID-19 in patient room equipped with ventilation and a closed door.
- IPAC considerations
- Principles of HFNC
- Monitoring of HFNC
- Emergency/ Critical Response Criteria
- Signs of Deterioration and next steps for the care provider ( RN, RPN etc)

## Implementation Recommendations

### Communication Strategy

- Publish Statement

### Target Groups

- Critical Care Leads
- Clinical Learning specialists in target groups
- Institutional IPAC groups

### Facilitation/implementation resources

- Develop 'tool kit' or document repository
  - Clinical Pathways Diagram
  - One pager on HFNC (? Targeted to target groups)
  - Background and rationale document
  - Sample Order Set
  - ROX Score documents
- Identify OH contact to help facilitate implementation, ideally with representation in each target group