

West Michigan Regional Medical Control Consortium
***EMERGENCY* System Protocol**
PEDIATRIC INTERFACILITY HIGH FLOW NASAL OXYGEN (HFNO)

Initial Date: 11/6/2022
 Revised Date: 11/14/2022

Section 8-59

Pediatric Interfacility High Flow Nasal Oxygen (HFNO)

Adopting MCAs will have an “X” under their MCA name. If no “X” is present, the MCA has not approved or adopted the protocol.

Allegan	Barry	Clare	Ionia	Isabella	Kent	Mason
			X		X	X
Montcalm	Muskegon	N. Central	Newaygo	Oceana	Ottawa	
X	X	X	X	X	X	

- I. Indications
 - A. Order from sending facility/physician as part of an interfacility transfer with an Enhanced Paramedic Practitioner in attendance with the patient
 - B. Hypoxic respiratory distress or respiratory distress
 - C. Availability of an MCA approved high flow nasal cannula device and necessary supplies required to facilitate transport of the patient
- II. Contraindications
 - A. Inability to provide continuous, humidification using an approved delivery device
 - B. Inability to provide therapy through appropriately sized nasal prongs
 - C. Insufficient supply of oxygen to complete the transport
- III. Procedure
 - A. Ensure that an adequate supply of oxygen is available for the transport.
 - i. Calculate the amount of oxygen needed prior to departure.
 - ii. Ensure that you have at least two times the amount of oxygen anticipated.
 - B. Perform appropriate patient assessment, including obtaining vital signs, pulse oximeter reading, cardiac rhythm, and current device settings
 - C. Utilize facility settings to ensure FiO2 is set to maintain SpO2 at or above 94% (or to patient's baseline oxygen saturation).
 - D. Utilize facility settings to set flow rate in liters per minute (L/min) to decrease work of breathing.
 - E. Reassess vitals, work of breathing, mental status, and breath sounds. Reassessment should be continuous, but documentation of vitals must occur at least every five minutes throughout patient contact.
 - F. Consider the need for escalation of respiratory support if patient remains in respiratory failure on more than 2 L/kg/min of flow or maximum settings for the delivery device.
 - G. If patient deterioration occurs, terminate HFNO and begin positive pressure respiratory support via BVM, CPAP, or BIPAP if necessary.

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IV. Notes

- A. For suspected or confirmed COVID-19 patients, personnel must don respirators, eye protection, gowns, and gloves for transport.
- B. If ground transport is not available, consider aeromedical transportation.
- C. Informational videos for the Airvo II device are able to be accessed for review at:
<https://www.fphcare.com/us/hospital/adult-respiratory/optiflow/airvo-2-system/#airvo2videos>
 - i. Or by utilizing this QR Code:

