

9.04 Use of High Flow Nasal Oxygen in Beaumont Hospital and Development of A Local Guideline

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High flow nasal oxygen (HFNO) as a non-invasive respiratory support is increasingly used in the management of acute hypoxaemic respiratory failure (AHRF)^[1]. International society guidelines with specific recommendations on settings, titration and weaning protocols are lacking. We undertook an audit to assess the use of HFNO in Beaumont Hospital and developed a local guideline, Figure 1.

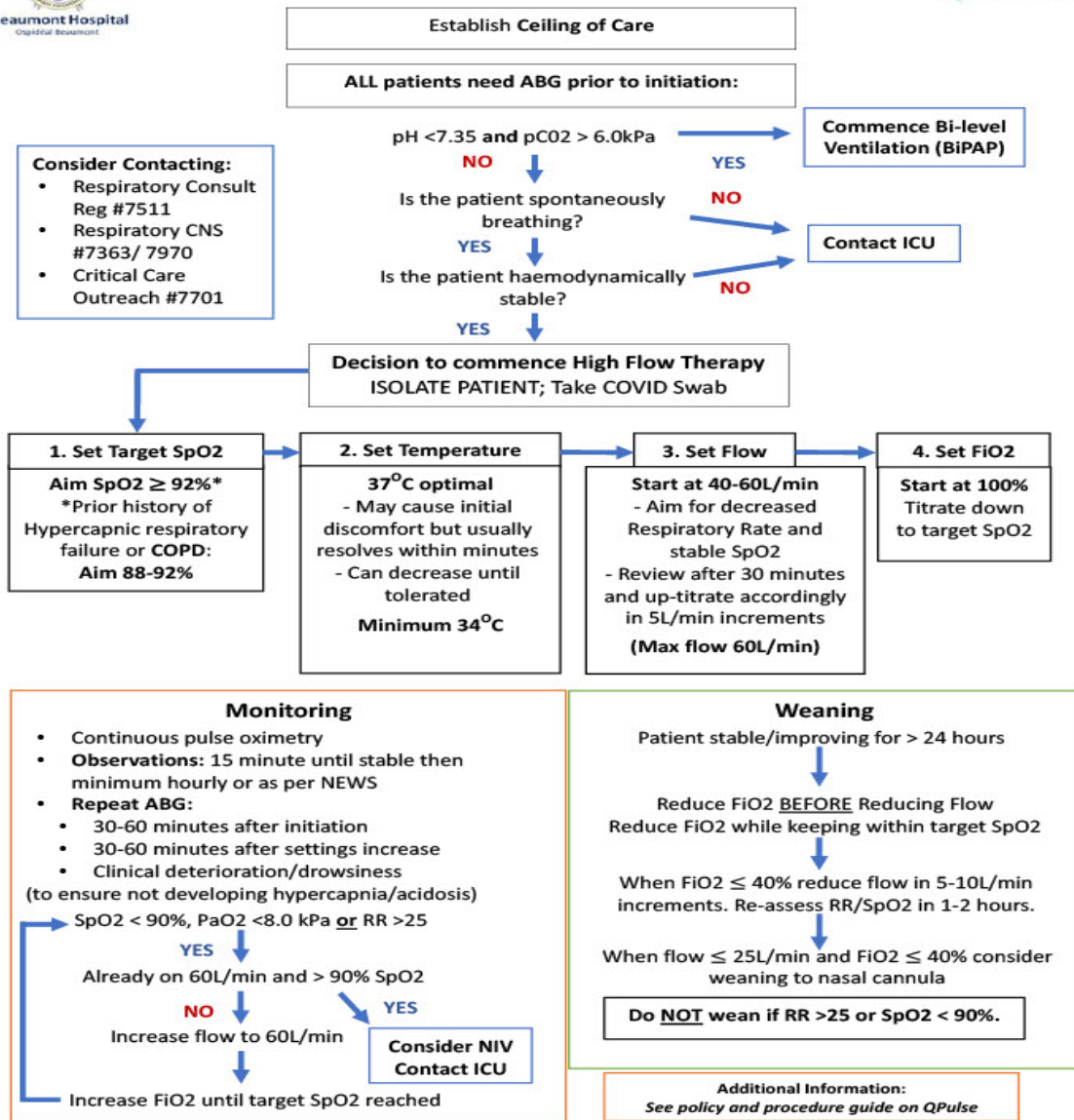
We reviewed the medical records of inpatients on general wards using HFNO over the course of one week. Patient demographics, indication, presence of written prescription and level of monitoring with arterial blood gas/vital signs were recorded. A local guideline to improve the use of HFNO in our hospital was developed based on current literature. The medical records of 13 patients, 54% female, were reviewed. The mean age was 68 years. The most common indications for HFNO were AHRF (54%), airway clearance (31%) and type 2 respiratory failure (15%). 31% of patients had a documented ABG prior to commencing HFNO, and 46% ABG post-HFNO initiation. Only 15% of patients had a written HFNO prescription.

We found several areas for improvement in the prescribing, documentation and use of HFNO. We will re-audit the use of HFNO following introduction of our guideline to assess its impact.

References:

1. Oczkowski S, Ergan Büm, Bos L, et al. ERS Clinical Practice Guidelines: high-flow nasal cannula in acute respiratory failure. Eur Respir J. 2022; 59(4).

Conflict of Interest: None to declare



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