HIGH FLOW NASAL OXYGEN

Indications

Anesthesia use ONLY

1. For **optimization of pre-oxygenation** prior to induction of general anesthesia
2. For the **anticipated** **difficult airway** as an adjunct to **maintain oxygenation** during intubation, including awake fiberoptic intubation
3. During **extubation** to reduce risk of immediate respiratory complications

Scan the QR code to access guidelines & training materials online on Moodle

Contraindications

Absolute contraindications:

- High fire risk procedures
  - including use of lasers or diathermy close to the airway
- Significant untreated pneumothorax
- Known/suspected skull base fracture, or a communication between the nasal cavity and intracranial space
- Recent functional endoscopic sinus surgery
- Complete nasal obstruction
- Active epistaxis
- Prolonged pre-operative or post-operative use
- Airway disruption including laryngeal fracture or tracheal rupture

Relative contraindications

- Partial nasal obstruction
- Contagious pulmonary infections, e.g.: active tuberculosis
- If needed for patient with COVID-19, appropriate PPE and appropriate **red zone measures** are required
- Any contraindication to hyperoxia such as bleomycin usage
- In conjuction with positive pressure ventilation via face mask

Set-up

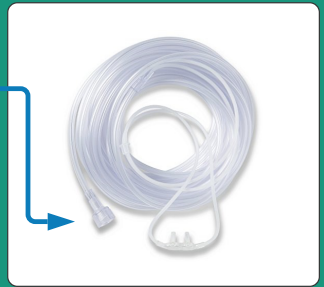
Confirm meter is capable of delivering high flow: **10-70L/min**

Attach nasal cannula with **a screw mount**

Recommended Flow rates:

- 10L/min while patient is awake
- 10 - 40L/min while patient has moderate sedation
- 40 - 70L/min while patient is under GA

If using HFNO with face mask, **ensure APL valve is open** and **DO NOT apply positive pressure ventilation**



Locations:
HFNO meters are attached to *all* anesthetic machines on both campuses

70L/min