

Guideline: Aerosol generating respiratory therapies - High Flow Nasal Prong Oxygen (HFNP02)

Endorsed by Queensland Statewide Respiratory Clinical Network



HFNP02 generates aerosolised droplets that spread widely, and it may increase the risk of transmission of respiratory viruses to healthcareworkers

Please make sure that HFNP02 is the most appropriate intervention for your patient with acute respiratory illness (including COVID-19).

The purpose of this document is to provide guidance and support to clinicians in the use of high flow nasal prong oxygen (HFNP02).

Remember

- Oxygen therapy is appropriate management of patients with hypoxaemia but is not appropriate in patients with preserved oxygen saturation, for example in response to breathlessness. Ideally, oxygen should be prescribed according to a target oxygen saturation.
 - In Chronic Obstructive Pulmonary Disease and other conditions associated with chronic respiratory failure, oxygen should be administered if the SpO₂ is less than 88 per cent and titrated to a target SpO₂ range of 88 per cent to 92 per cent.
 - In other acute medical conditions, oxygen should be administered if the SpO₂ is less than 92 per cent and titrated to a target SpO₂ range of 92 per cent to 96 per cent. (TSANZ Oxygen guidelines for acute oxygen use in adults – https://www.thoracic.org.au/journal-publishing/command/download_file/id/34/filename/TSANZ-AcuteOxygen-Guidelines-2016-web.pdf)
- HFNP02 still remains an appropriate therapy for some people with hypoxaemia from causes other than COVID-19 that cannot be corrected with standard (low flow) nasal oxygen.
- HFNP02 should only be commenced after discussion with senior clinicians and with documentation of a detailed management plan for review and cessation of HFNP02 – including end of life planning when appropriate.
- For patients with COVID-19 receiving respiratory support, use single and negative pressure rooms wherever possible. If none are available, other alternatives are single rooms, or shared ward spaces with cohorting of confirmed COVID-19 patients. Ensure contact, droplet and airborne precautions are in place. Healthcare workers should be fully vaccinated and wearing fit-tested N95 masks. The additional relative risk of infection to healthcare workers associated with specific oxygen therapies and respiratory support is uncertain but is thought to add minimal additional risk in an environment where transmission of infection with COVID-19 is already high. [Australian guidelines for the clinical care of people with COVID-19 \(magicapp.org\)](#).
- Any room which has had an aerosol generating procedure in it requires airborne precautions for a minimum of 30 minutes after. The exact time depends on air changes per hour. See the Queensland Health [Interim infection prevention and control guidelines for the management of COVID-19](#) in healthcare settings.

Version Control

Version	Date	Author	Changes	Date approved by CSRG	Proposed Review Date
0.1	12/03/2020	Statewide Respiratory Clinical Network Steering committee	New document		
1.0	27/10/2021	Changes made and endorsed by the Statewide Respiratory Steering Committee	Updated content. Format changes.		27 April 2022
2.0	9/12/2021	Statewide Respiratory Clinical Network Steering committee	Endorsed by the COVID System Response Group (CSRG).		27 April 2022
2.1	13/12/2021	Changes made and endorsed by the Statewide Respiratory Steering Committee	Purpose statement and Workforce and funding considerations added. Renamed Guideline.	21/12/2021	27 April 2022
2.2	12/01/2022	Statewide Respiratory Clinical Network	Changes (highlighted) to align with Australian Guidelines for the clinical care of people with COVID-19 – Respiratory Management.	25/01/2022	27 April 2022