CCRC

OSLER COVID CLINICAL RESPONSE COMMITTEE

Ward use of high flow nasal cannula (HFNC) oxygen therapy **April 29, 2020**

The COVID Clinical Response Committee (CCRC) has been asked to provide supporting guidance for the use of HFNC therapy on the ward for patients with COVID-19 infection. This practice is governed by the **High Flow Oxygen Therapy (Airvo 2) Policy and Procedure (PPR500) at Osler**.

1. **All patients with COVID-19 infection who require 50% or more face mask oxygen can be considered for high flow nasal cannula (HFNC) and can be discussed with the ICU physician on call.**
2. **HFNC is considered a constant aerosol-generating medical procedure (AGMP) and appropriate PPE should be worn.**
3. **With respect to offering HFNC:**
    a. **If the patient is not a candidate for intubation, the patient will not be offered HFNC as an alternative.**
    b. **If the patient is a candidate for intubation but the patient's values, wishes, and beliefs do not align with intubation (i.e. does not want intubation), the patient can be cared for on the ward using HFNC if indicated.**
    c. **If intubation is on offer and the patient would want intubation if needed, a longer period of intense observation is required to ensure stability. Critical care admission should be strongly considered in this group.**
4. **Patients who have been stable for 4 to 6 hours on HFNC could be admitted to the ward under the care of the hospitalist with the support of CCRT and/or respirology in an airborne infection isolation room (AIIR) room preferentially. If not available, a negative relative pressure room with a HEPA-filter placed at the head of the bed is preferred (NRP-HEPA). The door should remain closed.**
5. **We recommend that patients receiving HFNC also receive increased surveillance by ward nurses and respiratory therapists (twice per shift).**
6. **We recommend against the use of HFNC during transport of a patient.**
7. **We recommend the patient be instructed to wear a procedure mask while on HFNC if at all tolerated. This may reduced aerosolization.**
8. **We recommend cohorting patients who are nasopharyngeal swab positive for COVID-19 on HFNC with the following caveats:**
    a. **The room door must be closed.**
    b. **Cohorting should occur in an AIIR or a negative relative pressure room with a HEPA-filter placed at the head of the bed.**
    c. **The room would be considered to be undergoing a constant AGMP.**

This decision will be revisited as requested.

IMT Report Date - April 29, 2020

Rationale

1. Patients in this category are at high risk of deterioration and require careful surveillance by the critical care response team and/or a respirologist while on the ward.
2. Deterioration on the ward requiring high flow nasal cannula is a harbinger of the requirement for intubation. Consideration should be given to ICU admission at this time.
3. Some patients who are discharged from the ICU may be candidates for ongoing HFNC on the ward if judged to be stable by the intensivist with CCRT and/or respirology follow up.
4. HFNC is a constant aerosol-generating medical procedure with an undefined quantity of aerosolization.
5. Cohorting patients will reduce PPE usage and allow clustered care.