

MCC Bronchiolitis HFNC Pathway

Initiate @ 1L/kg/min
adjust FiO2 to goal SpO2 > 90%

Please place patient identification sticker here



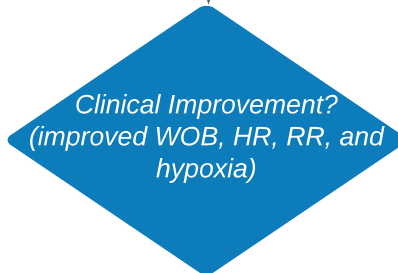
Place in "Completed Bronchiolitis HFNC" binder when completed. Do not place in patient chart.

Inclusion Criteria

- Age < 2 years with diagnosis of bronchiolitis
- Hypoxia requiring >2L/min LFNC or 35% FiO2
OR
- Persistent increased work of breathing

*Patients with significant hypercarbia or apneic episodes will likely require NIPPV or intubation

Reassess hourly



Weaning Pathway

Escalation Pathway

Yes

No

Wait until patient has achieved 4hr period of stability on current flow rate* and FiO2 has been weaned to 21-30%
*mild tachypnea or mild dyspnea is not a contraindication to weaning

If increased WOB, consider escalation

Escalate to 2 L/kg/min

Is current support 1 L/kg/min?

Reassess hourly

Decrease flow to 1 L/kg/min

Clinical Improvement?

Yes

No

Yes

No

Advance to weaning pathway

Consider transition to NIPPV

Turn HFNC off and transition to LFNC if still requiring FiO2

4 hour period of stability?

Yes

No

Monitor patient in setting that can restart HFNC for 8-12 hours after HFNC discontinued

Consider escalation to previous flow rate vs continuing on current flow rate

Weaning Considerations

*After attempted wean, if patient has increase in WOB, RR, HR, or hypoxia, then re-escalate HFNC to last flow rate at which patient was "captured" and restart weaning pathway (i.e. wait for an additional 4 hours before attempting to wean)

*Please continue with intermittent suctioning, at least every 4 hours, ideally prior to feeding

Escalation Considerations

*May escalate HFNC more slowly to facilitate tolerance but with same goal of 2 L/kg/min

*Consider transition to NIPPV if patient shown to have hypercarbia

*Medical team needs to be involved in decision to escalate HFNC or initiate NIPPV

If you have any feedback on what worked or didn't work, please elaborate on the back or email Alla Smith at alla.smith@childrens.harvard.edu