

**Our Lady's Children's Hospital, Crumlin
Nursing Careplan 2c**

Care of an infant/child on High Flow Nasal Cannula (HFNC) Oxygen Therapy

Care plan 2c HFNC		High Flow Nasal Cannula (HFNC) Oxygen Therapy Goals	Issue date: November 2015 Review date: November 2018
..... Require High flow Nasal Cannula Related to: _____		<ol style="list-style-type: none"> 1. Prescribed HFNC will support respiratory needs safely & effectively. 2. Nasogastric tube intersion and feeding commencement, oral feeding avoided 3. Facial Skin Integrity is protected. 4. Psychological support for child & family 5. Infection Control 6. Discharge Planning 	
Commenced, date, time and signature	No	Nursing Intervention	Discontinued, date, time and signature
	1	Prescribed HFNC will support respiratory needs of child safely & effectively.	
		<ul style="list-style-type: none"> • Carry out respiratory observations as requested by the medical team, report and record any deviations from normal: <ol style="list-style-type: none"> 1. Continuous Oxygen saturations monitoring with HR 2. Monitor the infant child every 15 mins for resonse HR, RR, work of breathing. 3. After 2 hours on 15 mins observations and improvement in condition reduce observations to hourly 4. Improvements in condition should be noted in the first two hours of treatment, report and record. • Detail observations in the recording sheet as requested by consultant • Pass nasogastric tube as per OLCCHC Enteral Feeding Guidelines • Ensure parameters of HFNC are as prescribed by medical team & liaise with Clinical engineering re set up: <ul style="list-style-type: none"> • HFNC _____ as per script • Liaise with Clinical engineering re mask fittings • Mask Type & Size _____ • Administer Oxygen as prescribed report and record effect. Detail oxygen requirement • Ensure gas is warmed as per _____ • Assess child's response to prescribed HFNC report & document same. • Wean from HFNC as prescribed based on improvements 	
	2	Nasogastric tube insertion	
		<ul style="list-style-type: none"> • Use in conjunction with OLCCHC guidelines on NGT placement • Check pH prior to each feed or medication administration -range between 0-5.5 • Aspirate NGT 2-4 hourly to reduce the risk of abdominal distension. • Flush tube with 10ml syringe with 10ml of sterile water pre and post feed/medication administration <p>(Adjust flushing volume as per child i.e fluid restricted)</p> <ul style="list-style-type: none"> • Change tube as per manufactures instructions • Date Tube Inserted _____ Size _____ Length _____ • Date Tube Inserted _____ Size _____ Length _____ • Oral and nasal care 4 hourly report and document any concerns 	
	3.	Facial Skin Integrity is Protected	
		<ul style="list-style-type: none"> • Ensure correct mask & type are tolerated by the child. • Observe for air leaks. 	

Use in conjunction with the 3 Children's Hospital Guideline on the Use of Humified High Flow Nasal Cannula (HFNC) Oxygen Therapy in clinical areas outside the PICUs.

Created by NPDU

Patient Name.....

HCR Number.....

Ward.....

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		<ul style="list-style-type: none"> Assess for potential pressure areas & document skin integrity. Liaise with Clinical engineering re adjustment of mask size for child. 	
	4.	Psychological Needs	
		<ul style="list-style-type: none"> Provide age appropriate explanations to the child & family. Liaise with the Play Specialist Provide support, reassurance & address any concerns expressed. 	
	5.	Infection Control	
		<ul style="list-style-type: none"> Decontaminate hands before and after each intervention Ensure equipment is clean as per OLCHC policy Filter and tubing change weekly Water change daily 	
	5.	Discharge Planning	
		<ul style="list-style-type: none"> 	

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