

Audit of High Flow Nasal Prong Oxygen Therapy

HFNP AUDIT

CRF 1- Treating Clinician's Report

Your name:

Supervising consultant:

Enrollment # (*office use only*):

Attach patient identification sticker here

DEMOGRAPHICS

Age: Weight:

Diagnosis:

Date / Time HFNP commenced:

RESPIRATORY THERAPY PRIOR TO HFNP

None Low flow NP oxygen

Face mask oxygen Nasopharyngeal CPAP

Mask CPAP/BiPAP

BASELINE DATA (before starting HFNP)

RR: HR: SpO₂:

Respiratory Distress (mild/mod/severe):

ADDITIONAL THERAPY

Salbutamol MDI / neb Adrenaline neb

Atrovent MDI / neb

Steroid Antibiotics

Magnesium Aminophylline

INITIAL HFNP SETTINGS

FiO₂: Flow rate:

2 HOURS AFTER STARTING HFNP THERAPY

FiO₂:

Flow rate:

RR: HR: SpO₂:

Respiratory Distress (mild/mod/severe):

TOLERABILITY

Sedation during HFNP therapy (drug/dose/freq):

Enteral feeding during HFNP therapy: Oral NG

IV fluid during HFNP therapy: Y N

OUTCOME

Weaned to low flow oxygen in ED

Transferred to ICU on HFNP

Increased support to nasopharyngeal CPAP in ED

Increased support to ETT in ED

Ceased HFNP therapy (why):

ADVERSE EVENTS

Nil

Failure of HFNP (why):

Abdominal distension

Pneumothorax

Other (specify):

CLINICIAN SATISFACTION with HFNP

Unsatisfied

Satisfied

Very satisfied