

Aerosol generating respiratory therapies

High flow nasal prong oxygen (HFNPO2)



HFNPO2 generates aerosolised droplets that spread widely, and it may increase the risk of transmission of respiratory viruses to healthcare workers.

Please make sure that HFNPO2 is the most appropriate intervention for your patient with acute respiratory viral illness (including covid-19).

Remember

- Low flow conventional oxygen therapy is sufficient for most adult patients with SpO₂<92%. Lower thresholds should be used in patients at risk of hypercapnic respiratory failure (SpO₂ 88–92% – see [TSANZ Oxygen guidelines for acute oxygen use in adults](#))
- HFNPO2 still remains an appropriate therapy for some people with respiratory failure from causes other than COVID-19.
- When starting HFNPO2, please document a detailed management plan for review and cessation of HFNPO2 – including end of life planning when appropriate.
- When HFNPO2 is the only appropriate therapy, administer in a negative pressure or single room using contact, droplet and airborne precautions. If this is not possible then efforts should be made to move the patient to a negative pressure or single room as soon as possible.
- 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 page 4 of [Infection Prevention and Control Novel Coronavirus 2019 \(2019-nCoV\) – Hospital setting](#) from the Clinical Excellence Commission.

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For use by	All NSW Health staff coming in to contact with patients receiving these therapies and all NSW Health COVID-19 Communities of Practice