

## 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 SpO<sub>2</sub><92%. Lower thresholds should be used in patients at risk of hypercapnic respiratory failure (SpO<sub>2</sub> 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.