

	1708	High-Flow Nasal Cannula
Nor-Cal EMS Policy & Procedure Manual	Treatment Guidelines	
Effective Date: 01/01/2025	Next Revision: 01/01/2028	
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE	

ALS

Signed transfer order from the transferring physician must provide for maintaining and adjusting the High Flow Nasal Cannula(HFNC) settings (Temperature, Flow Rate, and Oxygen concentration) during transport. No paramedic may be allowed to initiate High Flow o2 support.

It is expected that personnel will be knowledgeable/trained prior to the transport in the operation of the particular brand/model being utilized.

Required during transport:

ECG, continuous SPO₂, waveform ETCO₂, NIBP, and vital signs including Lung sounds be obtained at a minimum of every 10-15 minutes.
Suction immediately available.

Be aware of and note any change in the following:

Tolerance of HF therapy
Position
Tracheal tug
Head bobbing
Accessory muscle use and degree of recession
Breath sounds, wheezes or stridor
Note depth and rhythm of respirations

If a non-invasive HFNC equipment failure occurs or patient unable to be properly oxygenated the paramedic shall discontinue use of HFNC, provide appropriate oxygenation/ventilation support, and make physician contact.

SUCTIONING

- Ensure airway is patent at all times
- Position the patient appropriately to facilitate drainage of secretions
- Use an appropriate size nasal catheter to clear excessive nasal/oral secretions
- Suction one nostril at a time
- Consider that suctioning may cause oedema and further irritate the airway

EMT-P must be trained, and regularly retrained in the devices use. Retraining shall occur at least annually, be documented, and meet manufacturer suggested training standards.

Devices will be operated, cleaned as well as tested and maintained in accordance to manufacture instructions.