



**CLINICAL GUIDELINE**

**Low Flow Oxygen Therapy**

<b>Scope (Staff):</b>	Nursing and Medical Staff
<b>Scope (Area):</b>	NICU KEMH, NICU PCH, NETS WA

This document should be read in conjunction with this [DISCLAIMER](#)

### Aim

To provide supplemental oxygen to infants with a stable ongoing oxygen requirement who no longer require humidified high flow oxygen therapy (HHF) or continuous positive airway pressure (CPAP).

### Key Points

- Nasal prongs should not totally occlude the nares, there should be a leak around the prongs.
- Minimum monitoring requirement is pulse oximeter. Exception to this is the infant cleared for discharge by respiratory clinic without monitoring.
- These infant's require at least weekly monitoring of blood pressure.
- Observe skin integrity as increased risk of pressure injury to nares, septum and skin on cheeks. Record NSCS and GS scores as per the [Skin Care Guideline](#).

### Equipment

- Low flow oxygen meter.
- Appropriate size nasal prongs.
- Skin protection tape / tape to secure prongs to face.


### Procedure

1. Apply skin protection to face.
2. Connect nasal prongs to oxygen supply and dial up required flow on meter.
3. Place nasal cannula into nares ensuring the cannulas are pointing downward to follow the natural curve of the nostrils.
4. Maintain oxygen saturations ranges as per [Monitoring and Observation Frequency guideline](#).
5. Check and document flow hourly.
6. Document any increase or decrease of flow in red on observation chart.

## Recognising and Responding to Clinical Deterioration

- Notify medical staff and shift coordinator of any increase in oxygen requirement.
- Notify medical staff and shift coordinator with any increase in work of breathing.
- If infant's oxygen requirement reaches 250mL/min or higher consideration should be given to commencing humidified high flow oxygen.

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