



High Flow Humidified Oxygen (HFHO) via AIRVO® Bunbury Hospital Information Sheet

PURPOSE / USE

Ward patients at Bunbury Hospital:

- Patients who are accepted by the inpatient consultant team as medically stable to step down to the ward from ICU, with HFHO via AIRVO in place.
- Patients accepted by the inpatient consultant team for admission to the ward from the Emergency Department with a documented plan of care for ward based treatment of HFHO via AIRVO as documented on the MR00H.1.
- Existing ward patients that are prescribed the treatment of HFHO via AIRVO by the inpatient consultant team.
- To be used in conjunction with the WACHS Oxygen Therapy and Respiratory Devices – Adults Clinical Practice Standard

GUIDELINES

HFHO via AIRVO requires a current prescription on the Non-Invasive Ventilation Prescription Chart (MR139B), which has been completed by the inpatient consultant, afterhours General Medical Registrar or the ICU consultant.

The prescription is required to be reviewed every 24 hours by the inpatient consultant or General Medical Registrar over the weekend and the review is to be documented in the medical record.

Any change to the HFHO air flow rate outside of the prescription, must trigger a comprehensive review by either the inpatient consultant or the ICU consultant or the afterhours General Medical Registrar. Air flow rate changes that trigger this review include the removal of, or reapplication of, the AIRVO device.

If HFHO via AIRVO has been removed or reapplied, then as part of the review mentioned above, a new prescription must be completed by either the inpatient consultant or the ICU consultant or the afterhours General Medical Registrar.

The Oxygen flow rate to the AIRVO device is the only variable to be altered by ward nurses in accordance with the prescription parameters and in consultation with a senior Registered Nurse/ Treating Physiotherapist / Shift coordinator.

Observations are documented on the MR140A WACHS Adult Observation and Response Chart (A-ORC) and escalated according to policy. Minimum observation frequency whilst a patient is receiving HFHO via the AIRVO is 4 hourly.

For support with the AIRVO device please liaise with the shift coordinator in the first instance or call 1217 for the ICU Shift Coordinator who will provide outreach support to the ward nurses.

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**This document can be made available in alternative formats
on request for a person with a disability**

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