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HFNC may enhance cough, which increases COVID spread to staff.

Respiratory paediatric patients are much more likely to be ill from Non-SARS-Cov2 infections, but may have asymptomatic carriage and therefore still pose a risk of spread to staff.

In an attempt to reduce risks to staff, we should use HFNC less freely during COVID pandemic, and only after concluding that CPAP or BLPAP is an unsuitable option in each individual patient.

Contra-indications for Mask CPAP/BLPAP:

- Airway protection required – GCS <10 (unless a purely hypercapnic encephalopathy – when trial of reversal max 2hrs is optional)
- Severe respiratory failure – S/F ratio <175
- Fixed upper airway obstruction
- Abundant & thick secretions
- Vomiting
- Haemodynamic instability
- Craniofacial malformation, trauma or burns
- Pneumothorax
- Within 7 days of upper GI surgery