



RCNIC MANUAL

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SUBJECT: Oxygen Therapy Weaning

APPROVAL

Purpose:

This Policy is to be used as a guide for managing or weaning low flow and high flow nasal cannula in the RCNIC.

All patients receiving supplemental oxygen will have a set SaPO₂ range according to the Pulse Oximetry policy II-1.01. Override orders for individualization must be obtained by the Fellow or Attending Physician. SaPO₂ ranges will be evaluated by the medical staff during daily rounds.

Low flow nasal cannula:

All low flow nasal cannulas will include a bubble humidifier and have a flow range of 1/32 to 2 LPM. FiO₂ will be started at 100% unless otherwise ordered. The FiO₂ should be weaned first, maintaining SaPO₂ in prescribed range. When FiO₂ is at 40% or less, the flow can be weaned as tolerated.

High Flow Nasal Cannula (HFNC):

In the RCNIC flows of 2 LPM or greater will be considered high flow. High flows will be delivered by a high flow delivery device as determined by the Respiratory Care department and the RCNIC Respiratory Care Clinical Manager. The physician or APN will order liter flow. The patient will be placed on prescribed liter flow at 100% FiO₂ unless otherwise ordered. The FiO₂ should be weaned first to maintain SaPO₂ in prescribed range. Flow on HFNC will only be weaned by physician or APN orders. Changes in liter flow will only be made by the respiratory therapist.