



PEDIATRIC NEWBORN MEDICINE CLINICAL PRACTICE GUIDELINES

Guideline for use of CPAP,
High Flow, and Low Flow
Nasal Cannula in the
Special Care Nursery (Growth
and Development Unit)



Implementation Date: March 23, 2015



Clinical Guideline Name	Guideline for CPAP and High and Low Flow Nasal Cannula in the Special Care Nursery (Growth and Development Unit)
Effective Date	
Review/Revision Date	
Contact Person	
Approved By	Pediatric Newborn Medicine Clinical Practice Council ____ CWN PPG ____ BWH SPP Steering ____ Nurse Executive Board/CNO ____
Keywords	

This is a clinical practice guideline intended to provide a framework for consistent respiratory care of babies requiring CPAP, high flow, or low flow nasal cannula in the Special Care Nursery (SCN, also referred to as Growth and Development Unit [GDU]). While the guideline is useful in approaching the use of continuous positive airway pressure in SCN/GDU, clinical judgment and/or new evidence may favor an alternative plan of care, the rationale for which should be documented in the medical record.

I. Purpose

The purpose of these guidelines is to establish a framework of optimal management of respiratory care in the SCN/GDU.

II. All CPGs will rely on the [NICU Nursing Standards of Care](#). All relevant nursing PPGs are listed below.

III. Respiratory Care in the SCN/GDU

Once an infant in the NICU demonstrates clinical stability off the ventilator and on lower level of respiratory support including bubble CPAP, high flow nasal cannula (HFNC), or low flow nasal cannula (LFNC), he/she may become a candidate for continued care in SCN/GDU if the remainder of SCN/GDU admission criteria is met (see [NICU Nursing Standards of Care](#) document for general criteria for admission to the SCN/GDU).

In addition, infants on bubble CPAP or high flow nasal cannula in the NICU who are in a stable, convalescent stage will be considered for transfer to SCN/GDU for continued care if the following criteria is also met:

- Infant is approximately 32 weeks corrected gestational age or older



- Infant has maximum level of respiratory support of bubble CPAP +7cm H₂O, baseline FiO₂ 0.3
- Infant is stable from a medical perspective
- Infant is tolerating enteral feeds
- If infant has been on higher level of respiratory support (i.e. mechanical ventilation), he/she has been extubated and stable on bubble CPAP for a minimum of 5 days
- A multidisciplinary discussion has occurred and infant is approved for transfer to the GDU by the following clinicians:
 - Nurse in charge
 - SCN/GDU nursing director
 - SCN/GDU attending or SCN/GDU medical director
 - Respiratory therapist or Respiratory manager
 - Neighborhood attending transferring the infant.

A brief note should be documented in the medical record by the primary medical team stating that the infant is stable for transfer to SCN/GDU, and that this was discussed with key clinicians above, as well as with the infant's family.

Criteria for transfer from the GDU to the NICU of an infant requiring escalation of critical care:

- Should an infant require acute escalation of respiratory support beyond the maximum level permitted in the SCN/GDU (bubble CPAP +7cm H₂O, FiO₂ 0.3), or have an acute, rapid deterioration in his/her overall clinical status, the medical, nursing and respiratory teams should convene and make arrangements for transfer of that infant to the NICU for further management.
- Of note - patients previously on bubble CPAP who failed transition to either RA, LFNC, or HFNC and are placed back on bubble CPAP or HFNC do not need to be transferred back to the NICU unless the bubble CPAP support exceeds the maximum support allowed in the SCN/GDU.

NICU M.2 (monitoring): <https://hospitalpolicies.ellucid.com/documents/view/3216/25347/>

NICU T.6 (transferring level of care within NICU)

<https://hospitalpolicies.ellucid.com/documents/view/3233/22933/>

NICU SCN: B.6 Blood Gas Sampling

<https://hospitalpolicies.ellucid.com/documents/view/3195/22432/>

NICU SCN O.4 High Flow and Low Flow Oxygen Administration via Nasal Cannula

<https://hospitalpolicies.ellucid.com/documents/view/3223/22929/>



NICU SCN O.1 Use of Vented OGT with CPAP in the NICU/SCN

<https://hospitalpolicies.elucid.com/documents/view/9973/25814/>

Neonatal Skin Care Guidelines

<https://hospitalpolicies.elucid.com/documents/view/10556/15982/>

Respiratory policies:

5_5 LFNC

5_6 HFNC

9_3 Bubble CPAP

9_4 Nasal CPAP