humidity blended with oxygen administration and continuous positive airway pressure (CPAP) via a high flow nasal cannula (HFNC) (Fig. 21-4). A prescriber order is required to indicate the flow rate and percentage of the oxygen therapy. The HFNC improves functional residual capacity, reducing the work of breathing. With a prescriber order, the percentage of oxygen is weaned first to room air, followed by the flow in liters.

FIG 21-4 High flow nasal cannula (HFNC).

Routine chest percussion and postural drainage (formerly chest physiotherapy [CPT]) is not recommended for children who have bronchiolitis. Infants with abundant nasal secretions benefit from regular suctioning, especially before feeding. Nasal aspiration of the external nares using an aspirator may be sufficient to remove most secretions. Nasopharyngeal suctioning is traumatic to the airways but can be considered if there are signs of respiratory distress or deoxygenation (Knox, 2011). A recent study suggests that the use of