MSH Emergency Department

Admitting Pediatric Patients on High Flow Nasal Cannula to P4S

Date Created: 09/18/2023 **Date Reviewed:** 10/07/2024

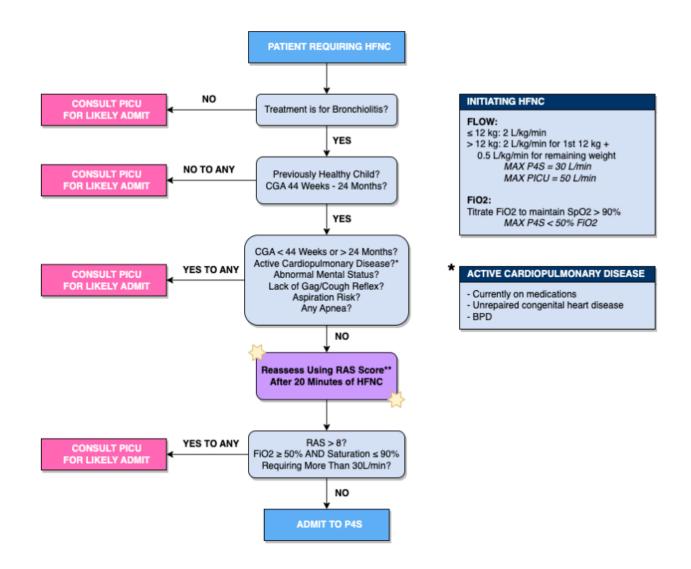
Reviewed By: J. Forman, J. Sanders, L. Spina, C. Strother, J. Tokarski



PURPOSE:

P4 South (P4S) accepts a certain cohort of patients receiving respiratory support via high flow nasal cannula (HFNC). Patients must be previously healthy patients with a CGA of 44 weeks through 24 months being admitted for bronchiolitis / presumed bronchiolitis

WORKFLOW:



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*	RESPIRATORY ASSESSMENT SCORE (RAS)			maximum possible score = 12 points	
	CATEGORY		0 POINTS	1 POINT	2 POINTS
	RESPIRATORY RATE	< 2 MONTHS	≤ 60	61-69	≥ 70
		2 MOS - 1 YR	≤ 50	51-59	≥ 60
		1 -2 YEARS	≤ 40	41-44	≥ 45
	CHEST MOVEMENT		EQUAL	BELLY BREATHING	SEESAW BREATHING
	INTERCOSTAL RETRACTIONS SUBCOSTAL RETRACTIONS NASAL FLARING GRUNTING		NONE	MILD	SEVERE
			NONE	MILD	SEVERE
			NONE	MILD	SEVERE
			NONE	AUDIBLE ONLY WITH STETHOSCOPE	AUDIBLE WITHOUT STETHOSCOPE

All patients should be evaluated using the RAS Scoring System (above) after 20 minutes of respiratory support via HFNC. If the calculated score is higher than 8, a PICU consult should be obtained regarding the possible need for admission to the ICU. If the calculated score is 8 or less, the patient should be admitted to P4S (assuming all other inclusion criteria are met).

Please ensure all appropriate isolation, monitoring, and respiratory support orders are placed for each admission.

The INPATIENT / Kravis P4S High Flow Nasal Cannula (HFNC) Pathway: Bronchiolitis can be referenced HERE.