

Hospital:  Age: Years Months Days Weight (Kg)

Type of HFNP: VAPOTHERM  OPTIFLOW

Primary intervention CPAP  Corrected Gestational age (if prem)

Location : WARD  HDU  NICU  ED

Diagnosis:

- INDICATION - CATEGORY**
- BRONCHIOLITIS
  - PNEUMONIA
  - UPPER AIRWAY OBSTRUCTION
  - WHEEZE
  - HYPOVENTILATION/APNOEA
  - NEUROLOGICAL/NEUROMUSCULAR
  - OTHER

Admitted:

HDU :

HFNP:

	PHYSIOLOGY AT DECISION TO INITIATE HFNP	PHYSIOLOGY AT INITIATION OF HFNP	PHYSIOLOGY AFTER 2 HOURS OF HFNP
Respiratory rate	<input type="text"/>	<input type="text"/>	<input type="text"/>
Heart rate	<input type="text"/>	<input type="text"/>	<input type="text"/>
FiO <sub>2</sub>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Flow L/min	<input type="text"/>	<input type="text"/>	<input type="text"/>
SaO <sub>2</sub>	<input type="text"/>	<input type="text"/>	<input type="text"/>
WOB Score	<input type="text"/>	<input type="text"/>	<input type="text"/>
pH (if BG done)	<input type="text"/>	<input type="text"/>	<input type="text"/>

WOB SCORE	1	2	3
Oxygen saturation	SaO <sub>2</sub> : 90-93% (while crying)	SaO <sub>2</sub> : 90-93% (at rest)	SaO <sub>2</sub> < 90%
Chest wall retraction	None	Minimal	Moderate + tracheal tug
Respiratory sounds	None/minimal	Intermittent grunting OR nasal flaring	Continuous grunting + nasal flaring
Feeding	Normal	Reduced or difficult	Not feeding

Outcomes	TICK	TIME	DATE
Weaned to standard flow oxygen or room air	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Escalation to CPAP	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Intubation and mechanical ventilation	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sedation required	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Unexpected outcome – Free Text	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**IF CPAP USED AS PRIMARY INTERVENTION  
TICK CPAP AND COMPLETE DEMOGRAPHIC  
AND PHYSIOLOGY DETAILS ON PAGE 1  
AS YOU WOULD FOR HFNP**