


Sierra – Sacramento Valley EMS Agency Program Policy			
Paramedic Utilization Of Non-Invasive High Flow Nasal Cannula During IFTs			
	Effective: 06/01/2023	Next Review: 03/2026	844
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PURPOSE:

To provide parameters for paramedic utilization of non-invasive High Flow Nasal Cannula (HFNC) during interfacility transports (IFTs).

AUTHORITY:

- A. HSC, Division 2.5, § 1797.220.
- B. CCR, Title 22, Chapter 4, Article 1, § 100145.

POLICY:

- A. Only appropriately trained paramedics who are on duty with an S-SV EMS authorized paramedic IFT optional skills provider may utilize non-invasive HFNC during IFTs.
- B. Patients will be on non-invasive HFNC prior to transport. Paramedics will not initiate non-invasive HFNC.
- C. Provider agencies utilizing non-invasive HFNC equipment shall follow the manufacturer instructions for use, maintenance, cleaning, and regular testing. At a minimum, non-invasive HFNC equipment shall undergo annual preventative testing/maintenance by qualified manufacturer’s representative personnel.
- D. Paramedics must be thoroughly trained and regularly retrained on the use of the non-invasive HFNC equipment. Such training shall occur no less than annually and shall be documented.

PROCEDURE:

- A. Written transfer orders from the transferring physician shall be obtained prior to transport. These orders must provide for maintaining and titrating flow (LPM), FiO2 and SpO2 goals for non-invasive HFNC during transport and shall include a telephone number where the transferring and/or base/modified base hospital physician can be reached during the patient transport. These written orders shall be attached to the completed PCR.

- B. Non-invasive HFNC support must be administered utilizing non-invasive HFNC equipment familiar to the paramedic.
- C. If a non-invasive HFNC equipment failure occurs and the paramedic is unable to maintain oxygen administration utilizing non-invasive HFNC, the paramedic shall discontinue use of non-invasive HFNC, provide appropriate oxygenation/ventilation support, and notify the transferring physician and/or base/modified base hospital as soon as possible. S-SV EMS shall also be notified of any non-invasive HFNC failure by the end of the next business day.
- D. Paramedics shall continually observe the patient and document patient response to treatment and any changes while the non-invasive HFNC is operational.
- E. Initial non-invasive HFNC settings and any subsequent changes shall be documented on the PCR.
- F. The paramedic is responsible for airway management and must frequently reassess respiratory effort for effectiveness of non-invasive HFNC oxygen delivery.
- G. Non-invasive BP monitoring equipment shall be utilized. Vital signs shall be monitored and documented every 15 minutes and any time there is any change in patient condition or adjustment of the non-invasive HFNC settings
- H. Continuous pulse oximetry, waveform capnography, and cardiac monitoring shall be maintained throughout transport, and values/rhythms shall be documented every 15 minutes and any time there is a change in patient condition.