Queensland Government

AIRVO™2
Order and Machine Observations

Facility: .....

Note: Nursing AIRVO™2 Machine Observations on p2

For more information on AIRVO™2 access:

ADULT: AIRVO™2 - *High flow nasal cannula (HFNC) and humidification therapy (adult)* at: https://qheps.health.qld.gov.au/__data/assets/pdf_file/0024/424275/3-01-081.pdf

Paediatrics: Children's Health guideline - *Care of the paediatric patient requiring nasal high flow therapy in PICU* at: https://qheps.health.qld.gov.au/__data/assets/pdf_file/0031/735529/gld-01456.pdf

(Affix identification label here)

URN:

Family name:

Given names:

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

MEDICAL OFFICER ORDER (Medical Officer to complete daily)

High Flow Nasal Cannula (Flow greater than 30 L/min & temp 34-37° – adult) (Flow as per senior MO & temp 34° – paediatric)	**Tracheostomy interface or mask *(Adult)*** (Default flow 30 L/min [adult], temperature 37°) *(Also refer MR 88ata - Adult Tracheostomy form)*	**Aerosol Face Mask *(Adult)*** (Temperature 31°, flows 30 L/min)	**Humidification ONLY nasal cannula *(Adult)*** (Temperature 34-37°, flows 20-30 L/min)

Date	Time	Total flow setting (L/min)	Temperature Setting (°C)	SpO2 range *(as per ADDS)*	Oxygen percentage range to deliver prior to MO notification	Medical Officer
						MO Name:
						MO Signature:
						MO Name:
						MO Signature:
						MO Name:
						MO Signature:
						MO Name:
						MO Signature:
						MO Name:
						MO Signature:

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Signature Log *Every person documenting in this form* ***complete signature log***		
Print name & designation	**Signature**	**Initial**

(Affix identification label here)

URN:

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Given names:

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

NURSING OBSERVATIONS OF AIRVO MACHINE

NB: Patient observations are documented on the ADDS/CEWT tool.

NB: Ensure Oxygen Percentage is documented on the ADDS/CEWT tool.

Date	Time	Total flow setting (L/min)	Temperature Setting (°C)	Oxygen percentage delivered	**Hourly skin check** *and reposition of Optiflow interface, e.g. nasal cannula - check ears, nose, neck, head*	**Machine Check** • **Plugged in and turned on** • **Rain out cleared (initial)**	Other
						Initial:	
						Initial:	
						Initial:	
						Initial:	
						Initial:	
						Initial:	

Nursing observations/considerations:

- Check RR, SPO_2, conscious level, work of breathing at least 15 minutely for one (1) hr on commencement.
- Frequency of observations and nurse patient ratio is determined by the acuity of the patient.
- Check settings as per medical order with AIRVO™2 settings at shift commencement and post changes to therapy i.e. AIRVO™2 flow rates (L/min), Oxygen percent and flow rate, AIRVO™2 temperature setting.
- Check appropriate interface e.g. nasal cannula size (S, M, L) appropriate mask (with side vents) or tracheostomy interface with blue hood attachment at the start of the shift.
- Check water chamber, check sterile water bag at start of shift and hourly, and change prior to completion.
- Condensation in tubing: Drain frequently e.g. Checks 30 min to hourly. Drain condensation back into the heater chamber.

Warning: **If patient is not ventilating adequately, CO_2 can build up leading to CO_2 narcosis.**

How to wean:

Paediatrics: Access the Children's Health guidelines – *Nasal High Flow Therapy* at: https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/guidelines/gdl-70025.pdf

Adult:

Step 1 Wean oxygen by 0.5-1 L/min to off, or to defined setting, e.g. if on home oxygen (whilst maintaining SpO2 within target range).

Step 2 Wean flow in 10 L/min increments until 20-30 L/min *(Decrease the flow every 4 hours or as directed by medical officer).*

Step 3 Transition from AIRVO 2 to room air, or to standard nasal prongs, if required. 15 minutely observations for 1 hour post to ensure oxygenation, i.e. RR, SPO_2, conscious level, work of breathing. Further frequency of observations by acuity of the patient.