To show that the use of a new HFNC policy allowing higher flows outside the Pediatric ICU for respiratory support of patients with bronchiolitis up to two years of age, is well tolerated and safe, improves patient satisfaction, and minimizes costs of care.

PROJECT AIM

To show that the use of a new HFNC policy allowing higher flows outside the Pediatric ICU for respiratory support of patients with bronchiolitis up to two years of age, is well tolerated and safe, improves patient satisfaction, and minimizes costs of care.

PROJECT DESIGN/STRATEGY

- Patients ≤ 24 months admitted to the general pediatric floor
- January – March of 2019 (pre-implementation) and 2020 (post-intervention)
- Those with respiratory diagnoses consistent with bronchiolitis were selected.

CHANGES MADE (PDSA CYCLES)

RESULTS/OUTCOMES

VARIABLES AND OUTCOMES

Variables:
- Admission weight
- Pediatric Early Warning Score (PEWS)
- Initial and Max Oxygen flow

Outcomes:
- Transfer to PICU
- Intubations
- Length of stay

LESSONS LEARNED

- Our children’s hospital has lower intubation rates than the national average
- Although our findings lacked statistical significance, they hint at the possibilities
- COVID has complicated our next PDSA cycle, as we have had fewer patients

NEXT STEPS

- Continue lit review for new considerations
- Consider changing the protocol to reflect new data and literature findings to allow 2L/kg outside of the PICU
- Consider next PDSA cycle in 2021/2022