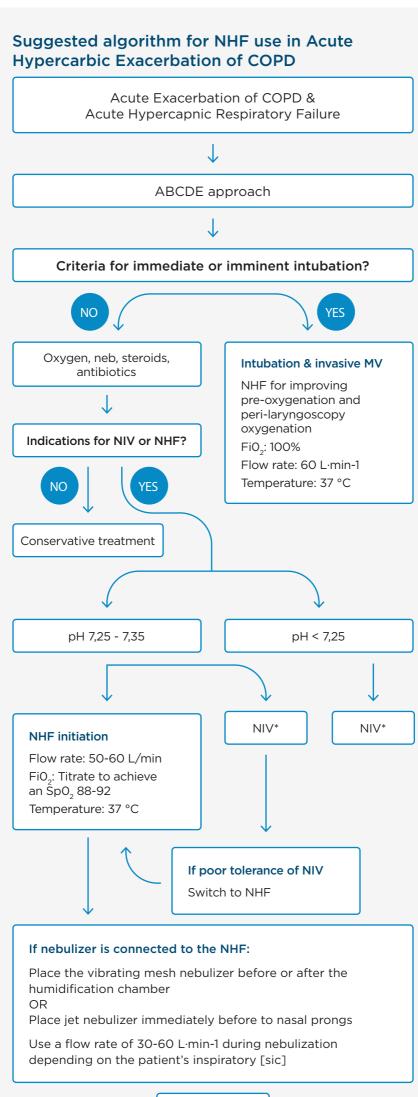


## Pantazopoulos et al. 2020.

**COPD: Journal of Chronic Obstructive Pulmonary Disease** 



Presence of one or more of the following?

Within 1 hour

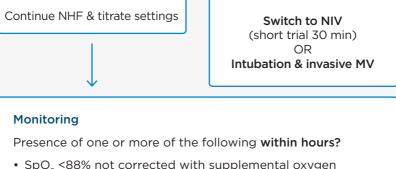
## • Respiratory rate >35 breaths/min Thoraco-abdominal asynchrony and auxiliary respiratory

Monitoring

muscle use

· Worsening of acidemia

• SpO<sub>2</sub> <88% not corrected with supplemental oxygen



 SpO<sub>2</sub> <88% not corrected with supplemental oxygen</li> • Respiratory rate >35 breaths/min

Thoraco-abdominal asynchrony and auxiliary respiratory

- muscle use · Worsening of acidemia
- SOFA>4



NO

## Weaning from NHF

- Decrease FiO<sub>2</sub> below 35%
- Stepwise decrease in flow rate by 5-10 L.min until 15 L.min-1
- When flow rate < 15 L.min-1 stop NHF and initiate COT

Figure 1. Suggested algorithm for NHF use in acute hypercapnic exacerbation of COPD. Abbreviations: NHF, Nasal high flow; COPD, Chronic obstructive pulmonary disease; ABCDE, Airway, breathing, circulation, disability, exposure; MV, Mechanical ventilation; NIV,

Noninvasive ventilation;  $FIO_2$ , Fraction of inspired oxygen,  $SpO_2$ , Peripheral oxygen saturation; COT, conventional oxygen treatment. \*Consider NHF use during NIV interruptions Adapted from original paper (Pantazopoulos et al. COPD. 2020.); used under Creative Commons licence 4.0. Please note that this material is intended exclusively for healthcare practitioners and the information conveyed constitutes neither medical advice nor instructions for use. This material should not be used for training purposes or to replace individual hospital policies or practices. Before any product use, consult the appropriate user instructions.