

**Patient
Information**

High Flow Nasal Oxygen

Introduction

This leaflet explains what High Flow Nasal Oxygen (HFNO) is and why it is part of your treatment. It may also answer some of the questions that you may have about HFNO.

The information in this leaflet is not meant to replace the consultation between you and your medical team but may help you to understand more about what is discussed. Please do not hesitate to speak to the doctor, nurse or physiotherapist if you have any further questions.

What is HFNO?

HFNO is a way of giving humidified (moistened), warmed high flow oxygen via the nostrils and is usually used for patients with low oxygen levels when other methods of receiving oxygen are not enough.

HFNO is intended to avoid the need for a breathing tube and ventilator in the intensive care unit.

When you are given high levels of oxygen it can be uncomfortable, you may have a dry mouth and nose, a tight fitting mask along with difficulty with eating and drinking. When the amount of oxygen you need is very high, due to an acute illness such as pneumonia, HFNO can be more comfortable and give greater amounts of oxygen than would otherwise be possible. HFNO can also help reduce the effort that breathing involves.

HFNO will help support your breathing while other treatments, such as antibiotics, nebulisers and steroids have time to work.

If you have chronic breathing problems (long term conditions such as COPD) HFNO may not be suitable.

HFNO is given through your nostrils via soft rubber tubes which are held in place by a band around your ears and the back of your head. There will be a constant flow of air into your nose which is warmed and moistened to make it more comfortable. You will be able to breathe as normal and it will make it easier for you to eat and drink.

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Department

Respiratory

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HFNO has very few side effects, but can be noisy and some patients find the warmed air uncomfortable.

What other treatments might be needed if HFNO does not improve things?

Before starting treatment, we will discuss what might happen if the treatment does not succeed. We will speak to you and anyone important to you about the chances of success with cardiopulmonary resuscitation (CPR) if your heart was to stop. We may recommend a decision not to attempt this, completing a 'Do Not Attempt Resuscitation' form if CPR is likely to fail or lead to an unacceptable quality of life which would be unbearable for you. We may also discuss the options of inserting a breathing tube and the use of a ventilator and a medically induced coma; these treatments may not be the right decision for you.

Are there any alternative treatments?

Your doctors will discuss alternative options with you before you start treatment with HFNO.

Some people may not wish to try HFNO or may wish to stop treatment before it has been effective. If this is the case, then we will make sure that your breathing remains comfortable on and off HFNO with the use of medications.

What investigations will I need before starting HFNO?

Before starting and while you are receiving HFNO, we may take blood from your wrist, called an arterial blood gas. The blood sample will be tested to check the oxygen and carbon dioxide levels in your blood, this will allow us to adjust the machine settings for the oxygen.

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How will I be monitored?

You will be looked after in a designated area within the hospital. These areas can be busy and noisy due to monitors and alarms. We will monitor your oxygen levels with a probe on your fingertip and measure your blood pressure and heart rate on a regular basis.

A team of doctors, nurses and physiotherapists will care for you and will be available if you have any problems or questions. You will be able to discuss your treatment with a doctor. You will be able to remove the oxygen tubes to make it easier for you to talk during these discussions.

How long will I need HFNO?

Usually, HFNO is given for 2 to 3 days but this varies from person to person.

Further information

For more information about chronic lung disease and support groups, please visit the webpages listed below.

Asthma + Lung UK

Website: www.asthmaandlung.org.uk

To find support groups in your area visit:

www.asthmaandlung.org.uk/groups-support

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>