

## Feeding and High Flow O2

### **Original Question:**

Do you initiate oral feeding while patients are on high flow oxygen while in the PICU? If so, do you have a set protocol and would you be willing to share? I am finding that there are patients in our PICU being fed on high flow oxygen which historically has not been our practice.

We generally discourage feeding on high flow. We generally provide education and help to make a plan that involves oral stimulation and other appropriate interventions while awaiting wean from high flow O2.

ORG A

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It is rare that we initiate oral feeding on patients who are on high flow oxygen, it has happened on a case by case basis. We do not have a set protocol.

ORG B

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PO feeds are initiated in our PICU at ORG C. This had not historically been our practice either. This practice started in the fall of 2016 and was initiated by MD's. Patients are also fed on HFNC in other areas such as step down unit, medical units, and in CVICU. We do not have set protocols; however, SLP is now part of the task force looking at po feeds while on HNFC.

ORG C

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Our protocol is that we only feed children who are on room air, nasal cannulas, or high-flow nasal cannulas and are on 2 L or less of liter flow.

The L flow may be different in the PICU depending on the age and weight of the child. For example, 2L is a lot for a small neonate, but not so much for a 3 year old.

ORG D

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At ORG E, we feed patients once they are 2 lpm or less on high flow. If a physician orders us to feed a baby on high flow we usually say something to the effect "would you prefer that we wait until the child is on 2L" and if they said "no please feed" we will and see how they do. Unfortunately most of our patients are medically complex and they usually don't do well. We recommend small PO trials for practice, daily SLP, and keep advancing PO recommendations. Our concerns for feeding on HFNC increase as flow

rate increases and with decreased age. We do not have a set protocol about initiating oral feeds on HFNC just the 2 lpm general rule.

ORG E

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The question is not specific to age; however, we do not typically feed an infant with HFNC. We do trial tastes of EBM via a pacifier or gloved finger if appropriate when they are on higher levels of O2.

Also, if the patient is older, for example, a 9-12 month old and they have successfully fed PO in the past, we may try PO feeds 1-2 x daily after a bedside feeding evaluation is conducted by the SLP to make sure there are no signs or symptoms of aspiration. It really is a case by case basis.

I hope this helps. If not I can elaborate more.

ORG F

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We use the Risk Assessment for oral Feeding on High Flow Nasal Cannula designed by Robin P Glass and Lynn S Wolf. We score the patients based on medical complexity, respiratory status, full oral feeding prior to HFBNC, airway protection/Aspiration risk, and flow rate. As a general rule, we will only feed NICU babies on 2L of HFNC or less. We use the risk assessment for our patients in the PICU to decide where they fall on the continuum of oral feeding (i.e non nutritive, pacifier dips, slow flow bottle, standard bottle).

ORG G