High-flow nasal cannula therapy: can it be recommended as initial or rescue care for infants with moderate bronchiolitis in the paediatric ward?

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The current literature does not support routine or initial use of HFNC in infants with moderate bronchiolitis unless criteria for use are more selective. Rescue HFNC might be justified if the threshold for standard care failure is better delineated. https://bit.ly/3a9oEXb

Cite this article as: Kugelman A. High-flow nasal cannula therapy: can it be recommended as initial or rescue care for infants with moderate bronchiolitis in the paediatric ward? Eur Respir J 2020; 56: 2001020 [https://doi.org/10.1183/13993003.01020-2020].

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The American Academy of Pediatrics (AAP) guidelines recommend only supportive therapy for hospitalised infants with viral bronchiolitis. This includes oxygen therapy for hypoxaemia, respiratory support and the maintenance of hydration [1]. High-flow nasal cannula (HFNC) therapy has gained increasing popularity when there is a need for noninvasive respiratory support in infants with bronchiolitis, thanks to ease of use, perceived patient comfort and reduced nasal trauma. However, despite its widespread implementation, the clinical advantages of HFNC when compared to standard care (e.g. low-flow oxygen therapy) have not been proven by the current literature to justify its routine practice or initial treatment for infants with moderate bronchiolitis outside the paediatric intensive care unit (PICU) [2, 3].