

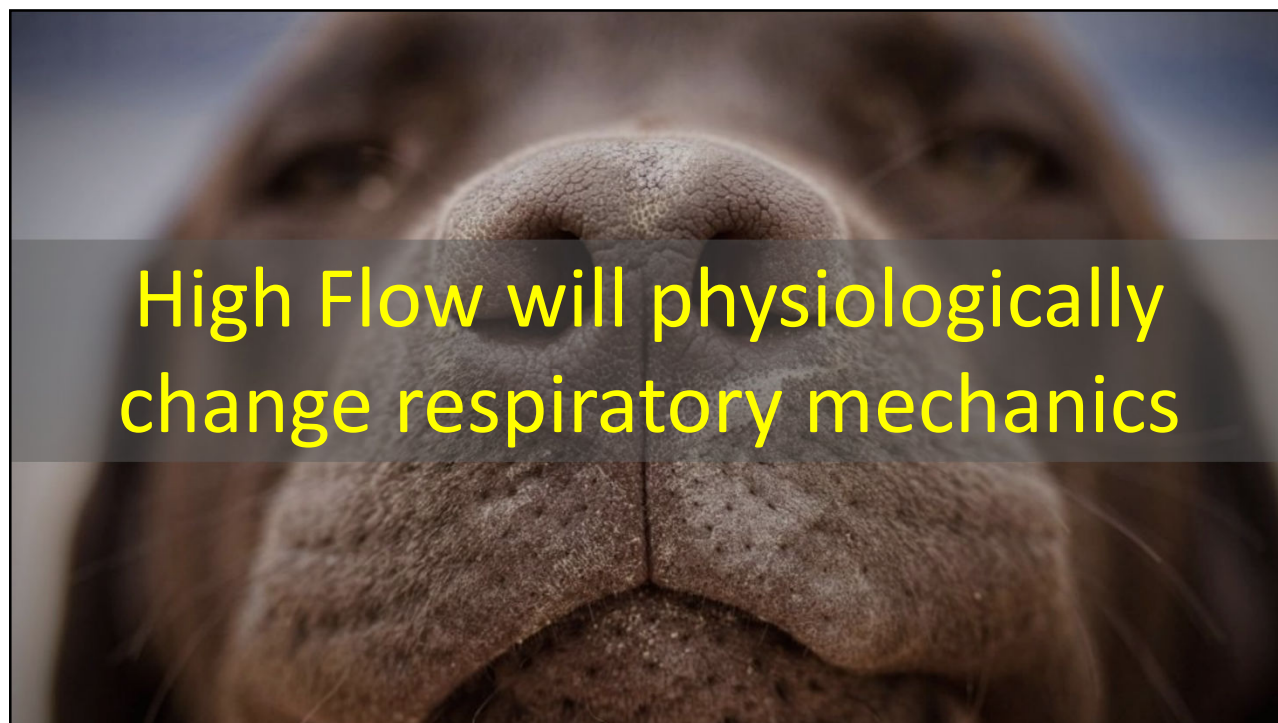
1



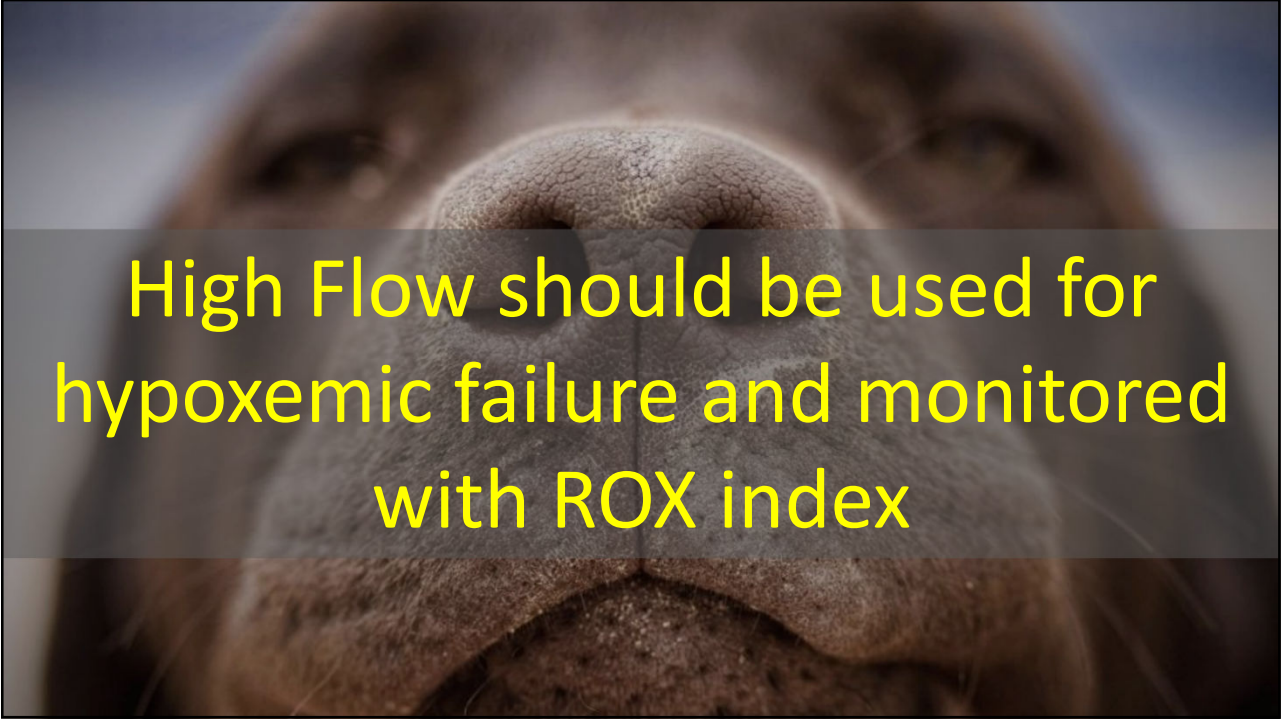
2



3

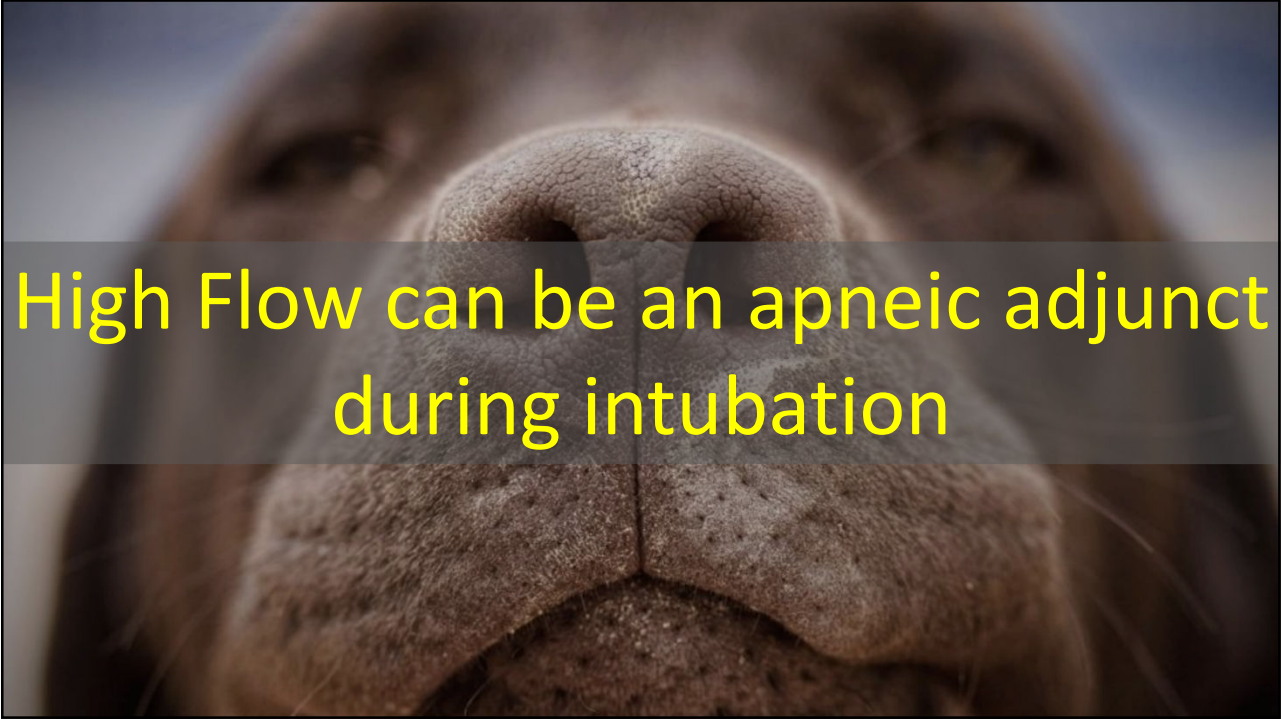


4

A close-up photograph of a dog's nose, showing the texture of the skin and the shape of the nostrils. The image is used as a background for the text.

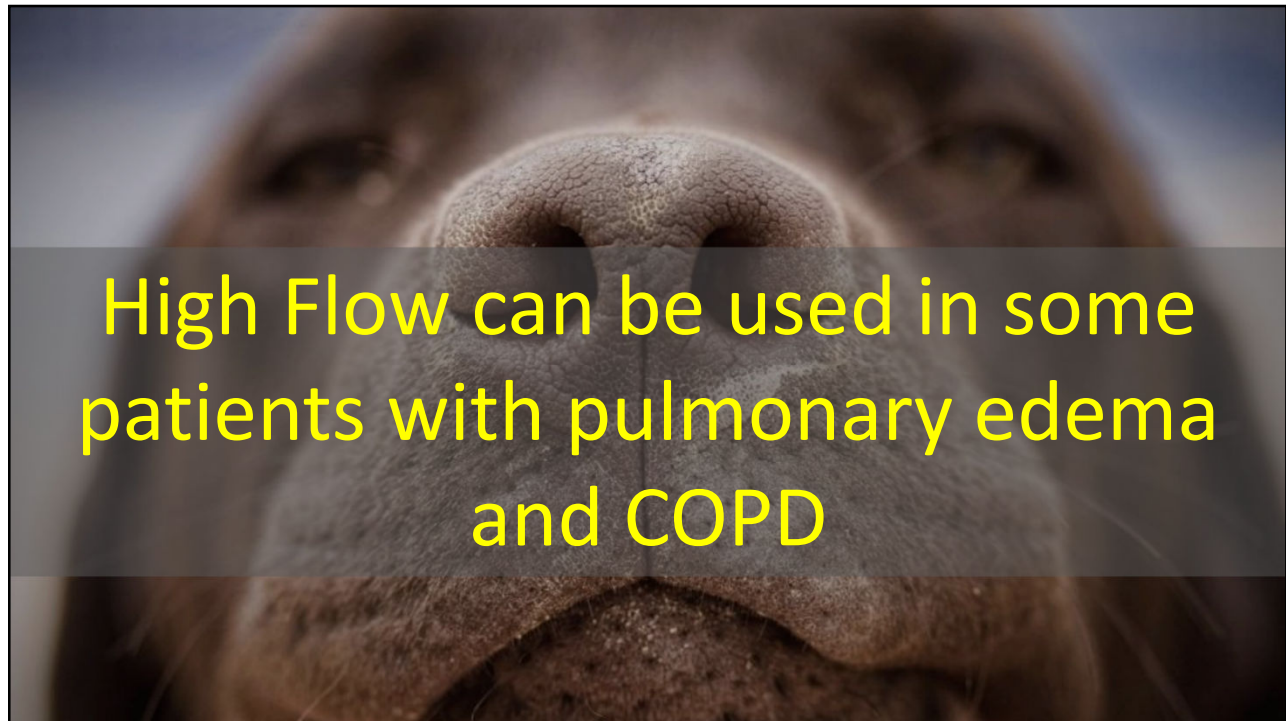
High Flow should be used for
hypoxemic failure and monitored
with ROX index

5

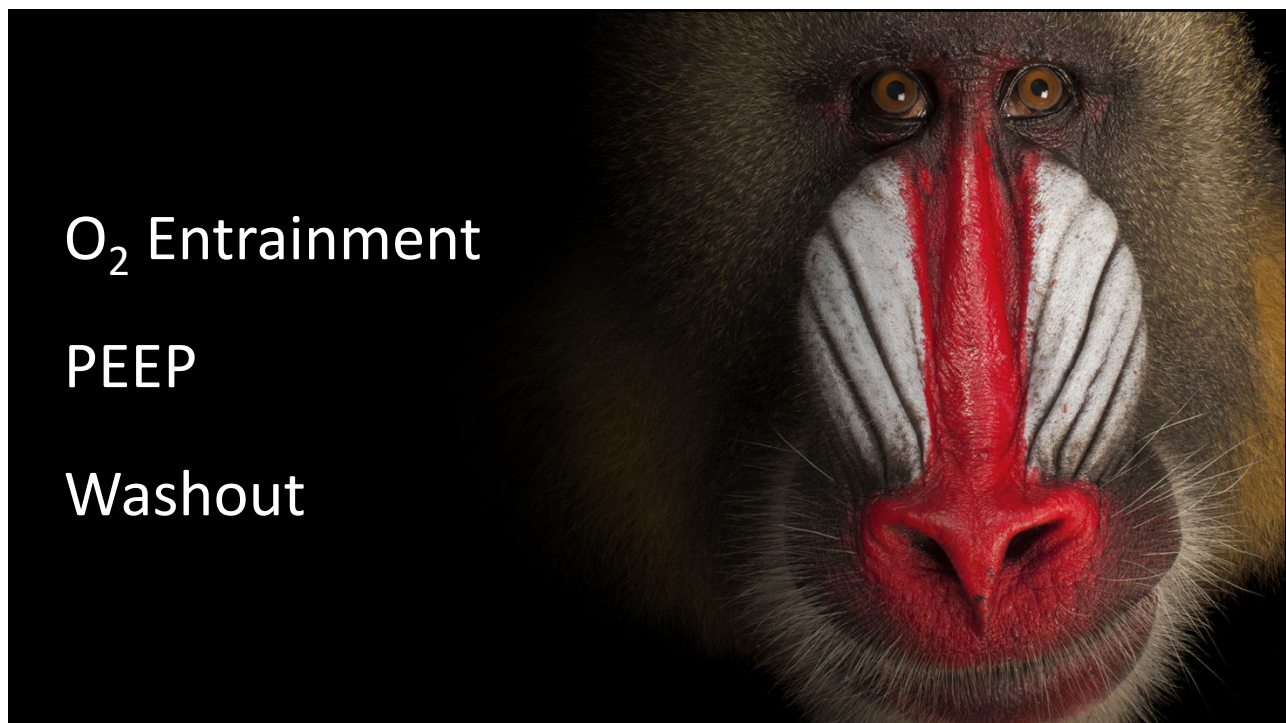
A close-up photograph of a dog's nose, showing the texture of the skin and the shape of the nostrils. The image is used as a background for the text.

High Flow can be an apneic adjunct
during intubation

6



7



8

Hypoxic RF
Monitoring
Intubation
Hypercapnic RF



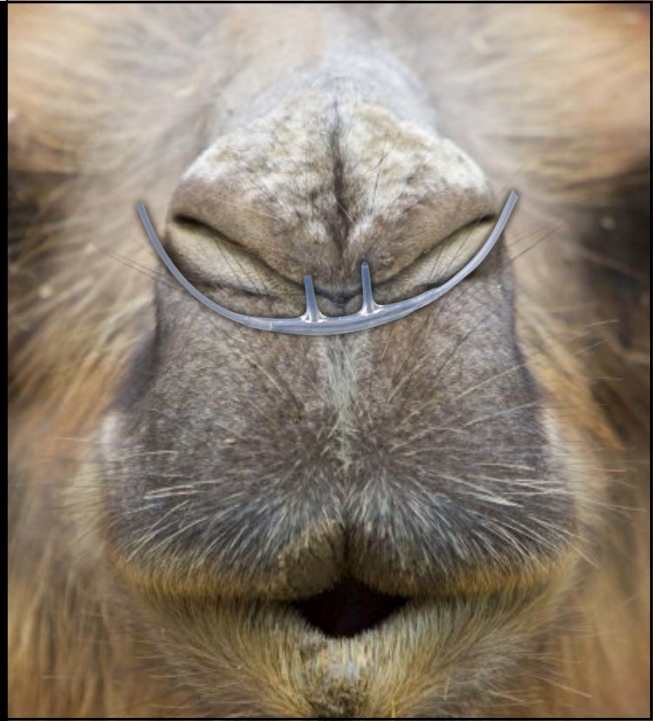
9

Mechanisms
and Physiology



10

OXYGEN DILUTION



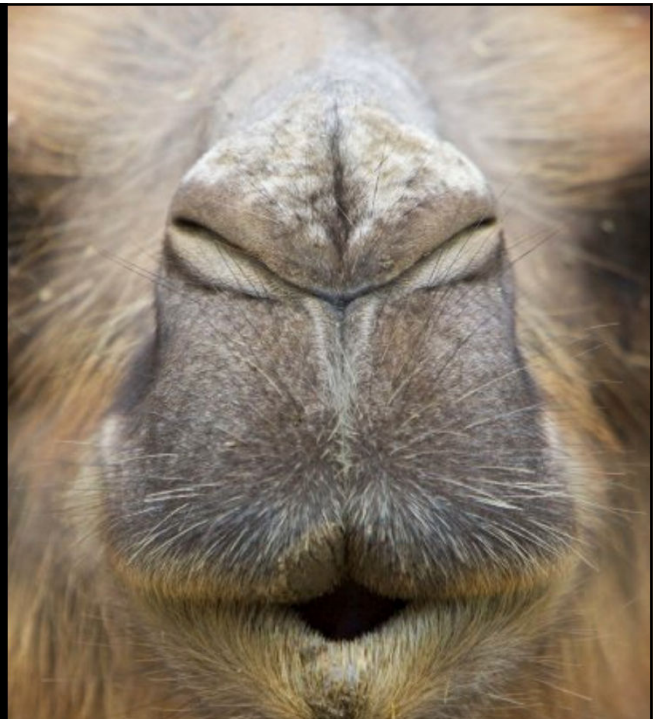
11

RESTING BREATHING

15-30 LPM

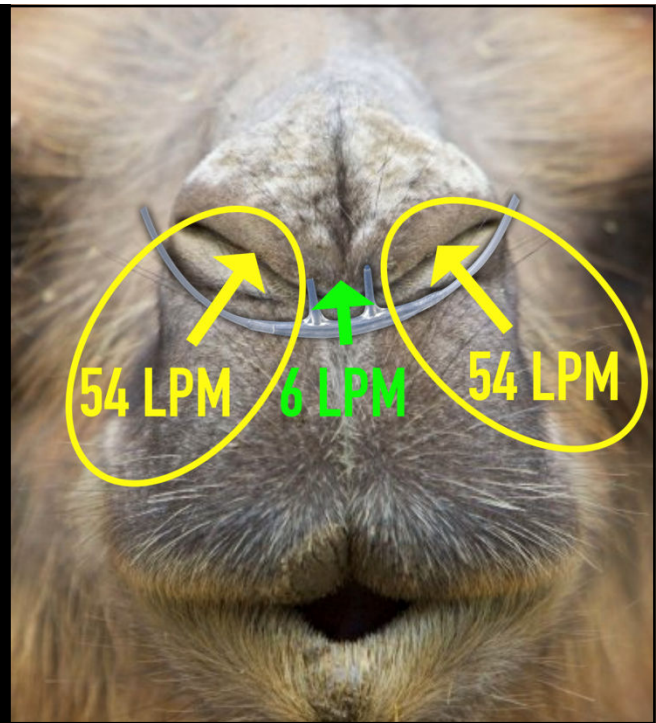
RESPIRATORY DISTRESS

>60 LPM



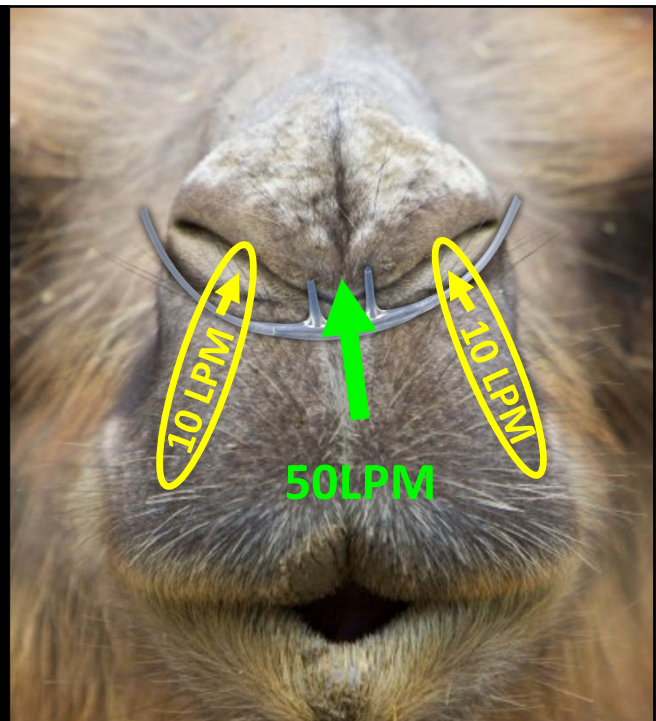
12

LOW
FLOW



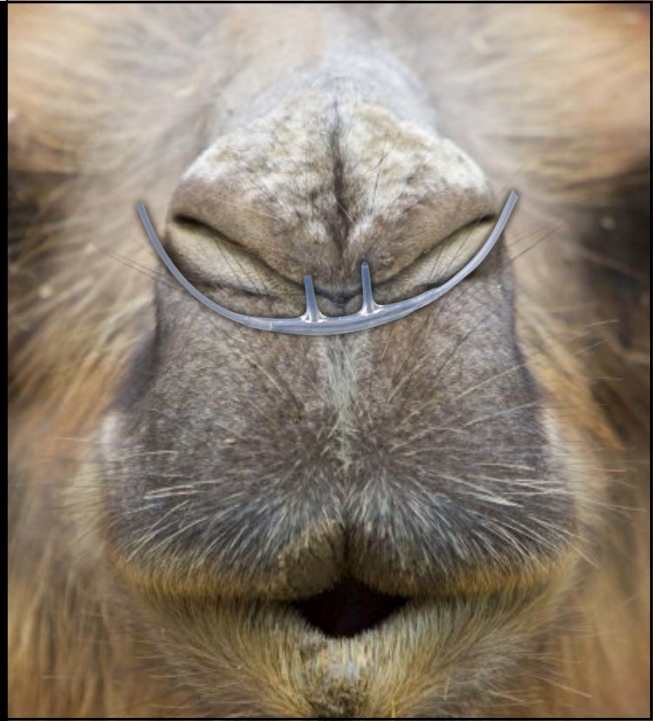
13

HIGH
FLOW



14

There is more
consistent and
reliable delivery
of the prescribed
 FiO_2



15



POSITIVE
PRESSURE

16



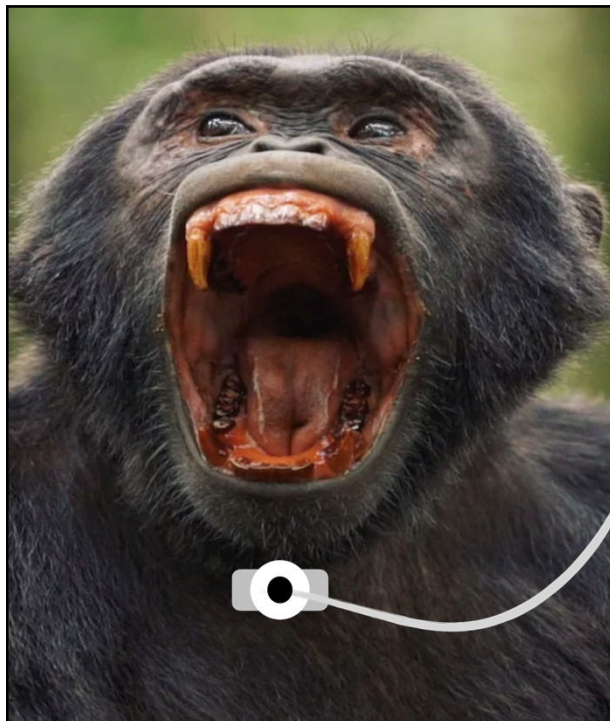
MOUTH CLOSED

4-6 CM H₂O

MOUTH OPEN

0-1 CM H₂O

17



TRACHEA

2 CM H₂O

18



There is slight,
flow-dependent,
positive pressure
effect

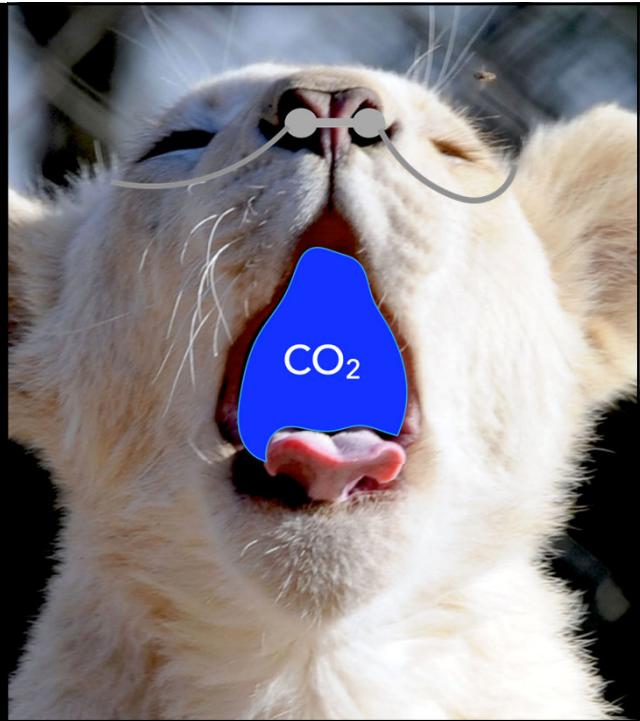
19



WASH OUT

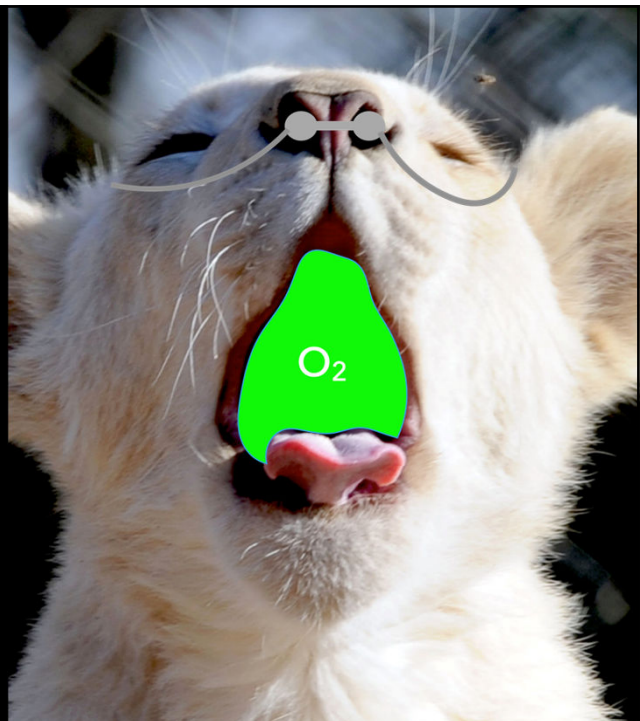
20

CO_2
Containing
Dead Space



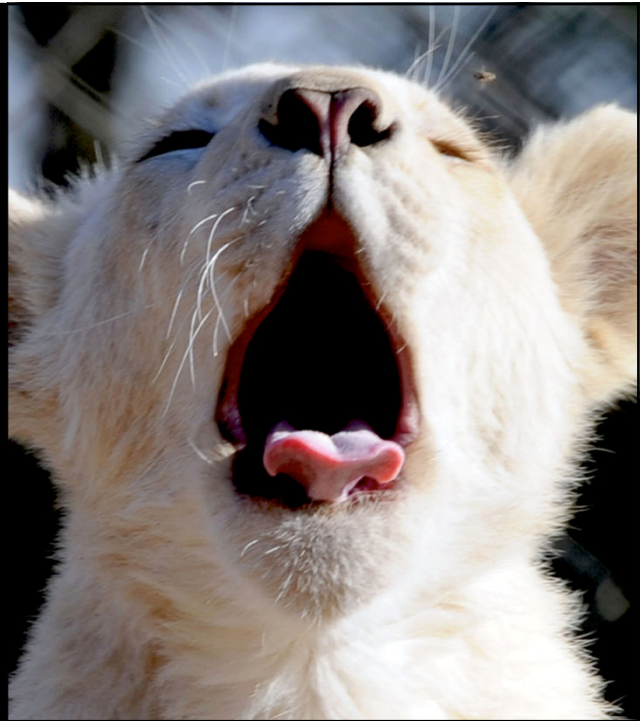
21

O_2
Containing
Space



22

There is a **flow-dependent** washout effect of the oropharynx



23

15
Patients



Improved

:

PTP

MV

Cdyn

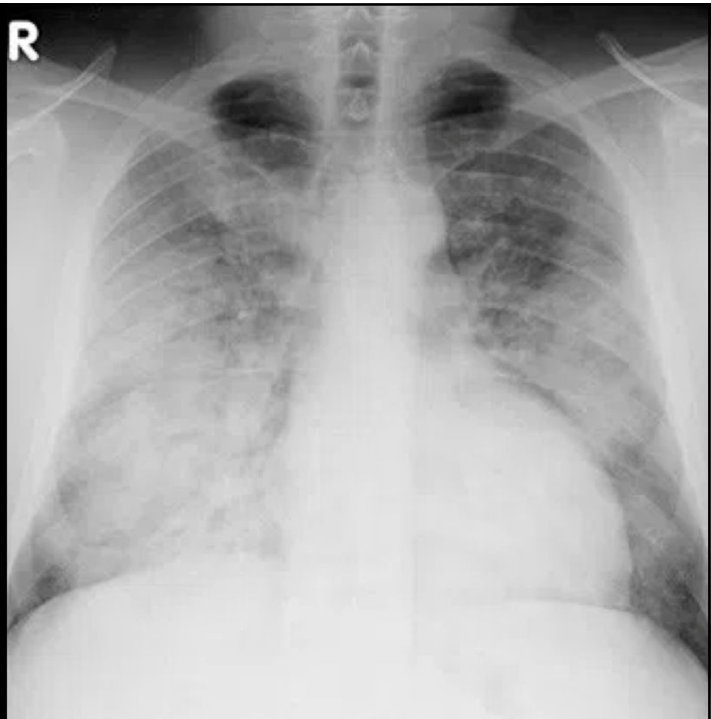
Mauri T, AJRCCM

24

Evidence and Application

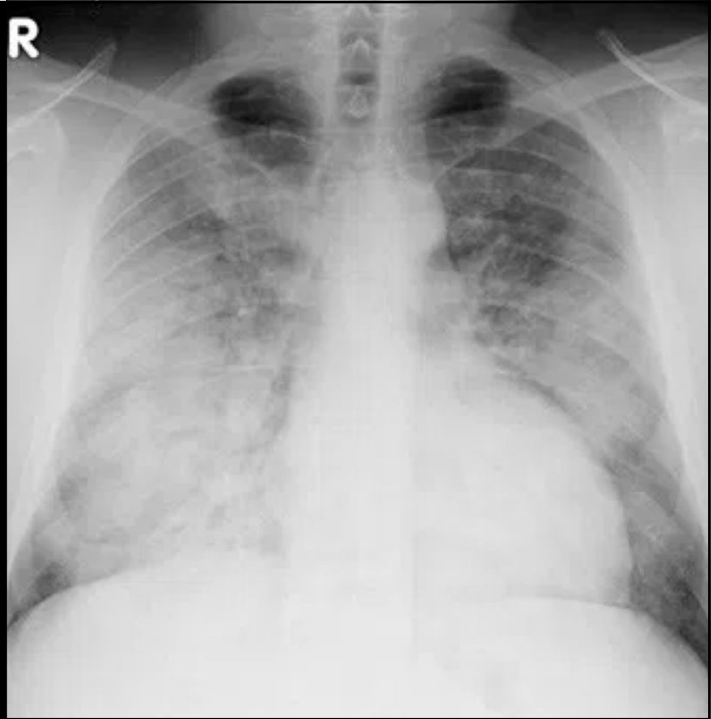
25

NEXT SHIFT
54-year-old
SARS CoV-2
6 LPM NC



26

What Next?



27

A black and white photograph of a raccoon eating a rose. The raccoon is on the left, and the rose is on the right. The background is a blurred outdoor scene with trees and a fence.

FLORALI

RCT


NC vs. HF vs. NIV

1° - Intubation

2° - Mortality

Frat JP, New Engl J

28



FLORALI


Intubation

NC vs. HF vs. NIV
47% vs. 38% vs
50%

$P = 0.18$

Frat JP, New Engl J

29



FLORALI

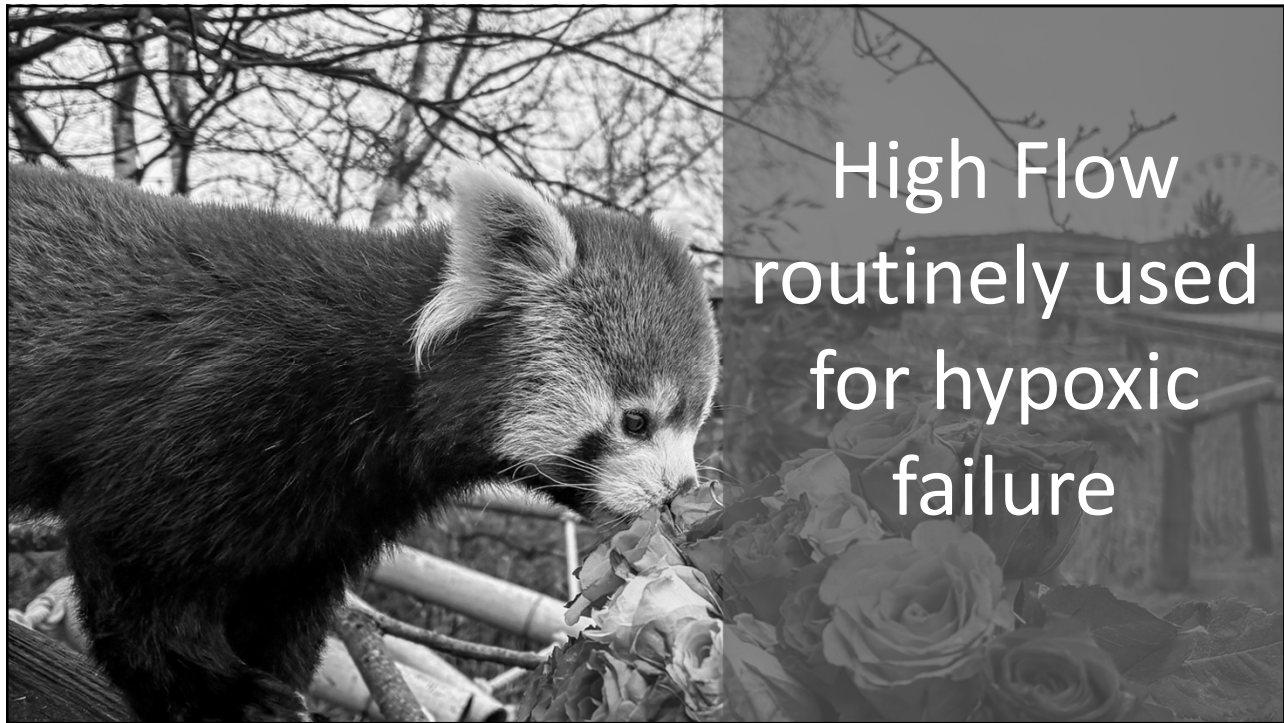
Mortality

NC vs. HF vs. NIV
28% vs. 12% vs
23%

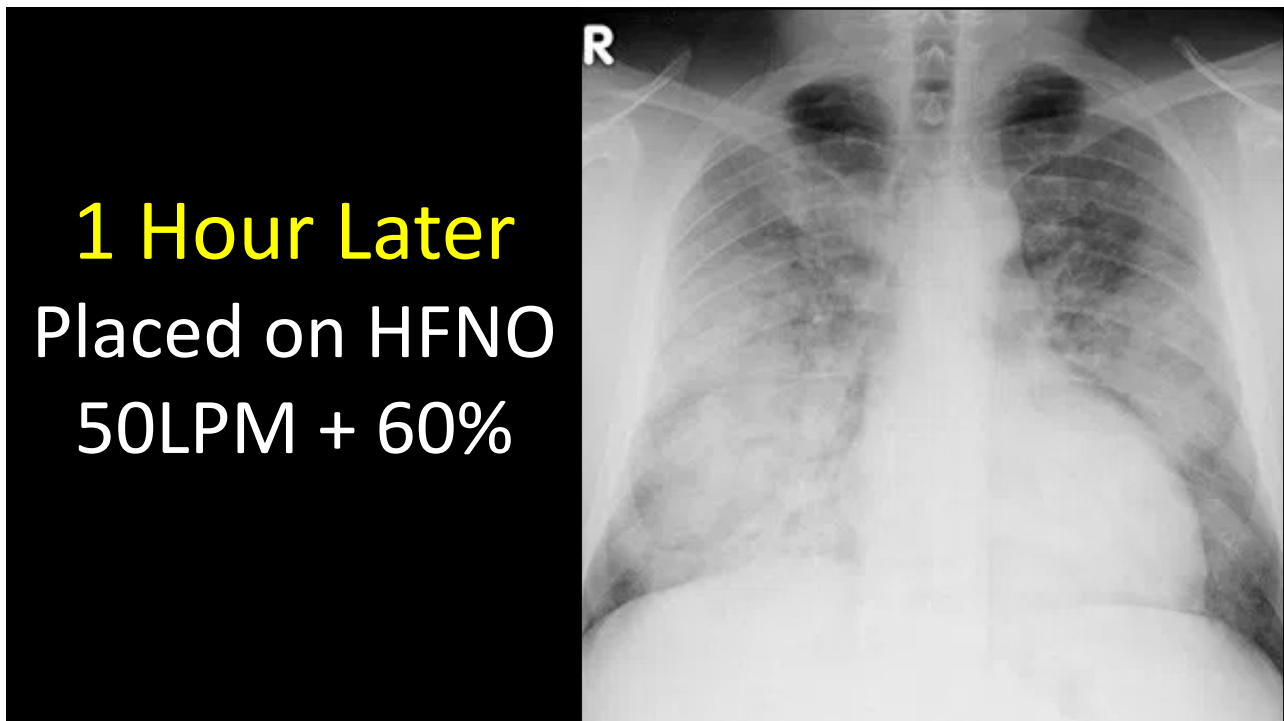
$P = 0.05$

Frat JP, New Engl J

30

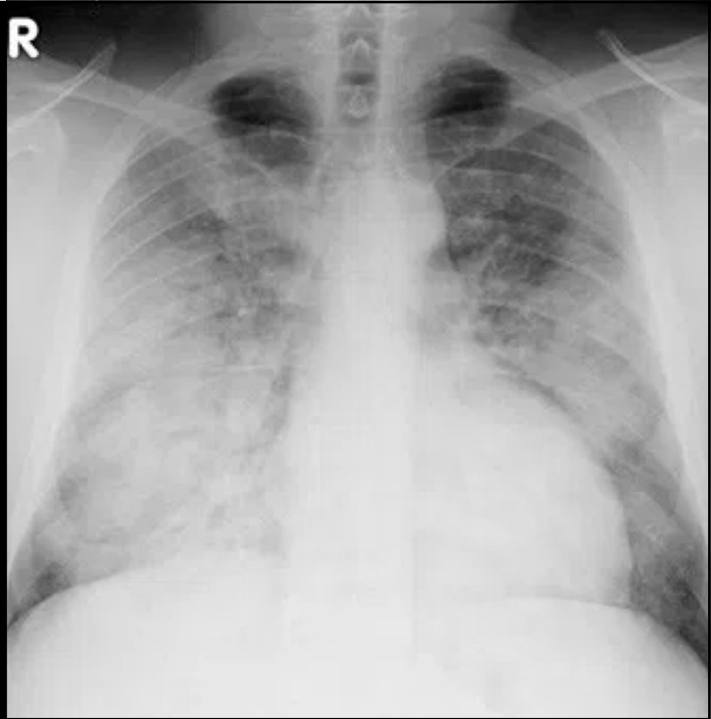


31



32

How do you
sniff out
failure?



33

ROX Index

- 1 - RR
- 2 - SpO₂
- 3 - FiO₂



Roca O, J Crit Care

34



35



36



Failure?

2 hours
 < 2.85

6 hours
 < 3.47

Roca O, AJRCCM

37



ROX Index

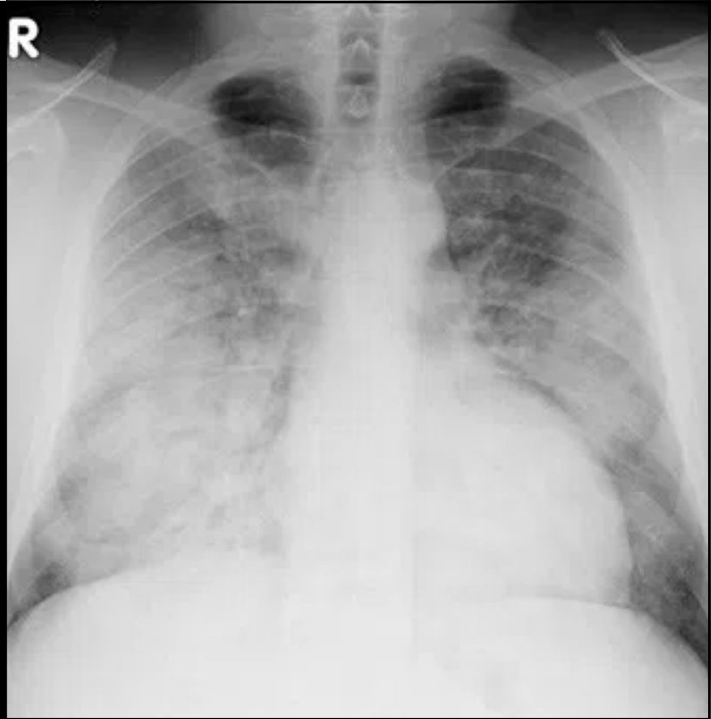
2 hours
 < 3

6 hours
 < 3.5

Roca O, AJRCCM

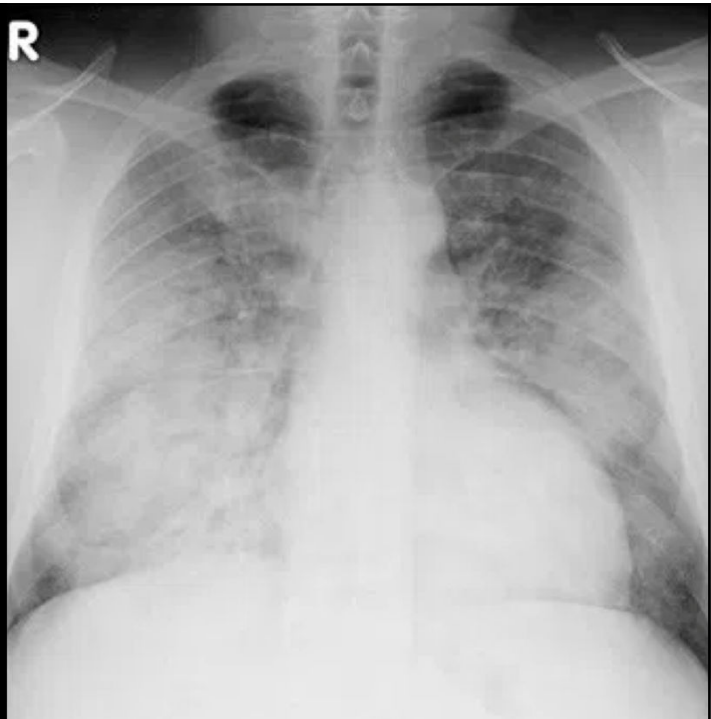
38

1 Hour Left
60 LPM + 80%
ROX Index 2.5

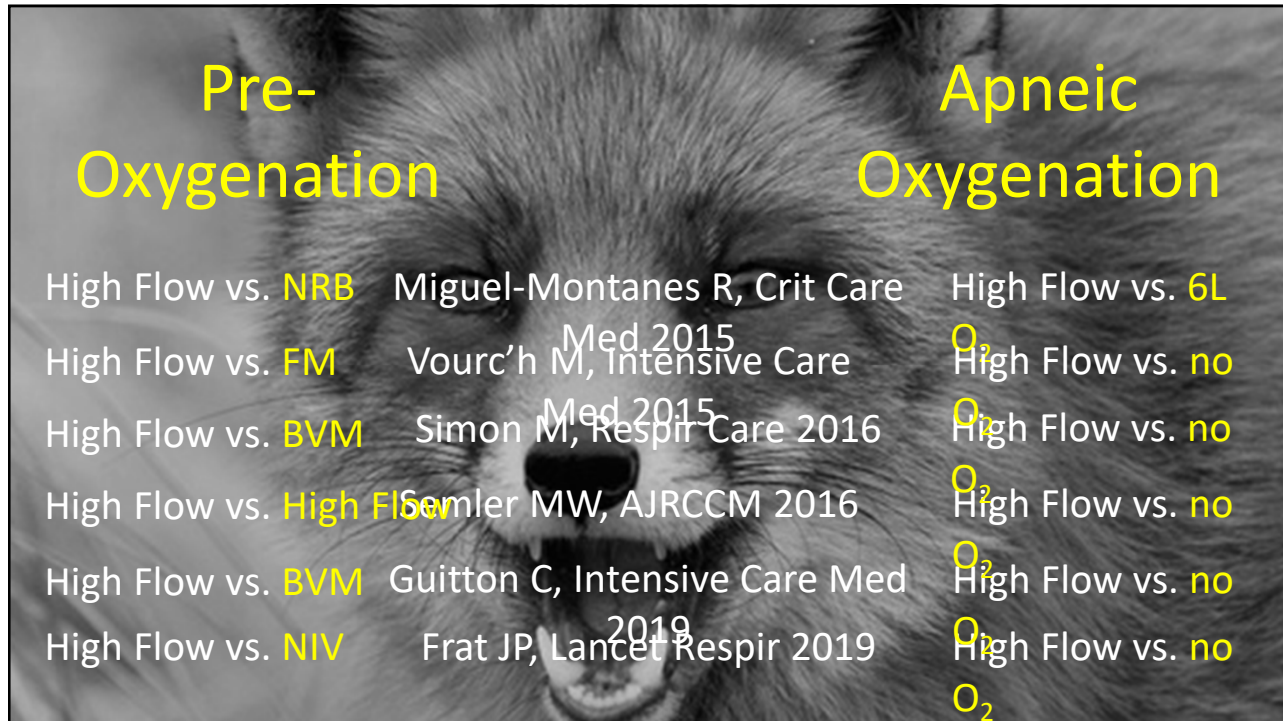


39

**Intubate with
High Flow?**



40



Pre-Oxygenation		Apneic Oxygenation
High Flow vs. NRB	Miguel-Montanes R, Crit Care Med 2015	High Flow vs. 6L O₂
High Flow vs. FM	Vourc'h M, Intensive Care Med 2015	High Flow vs. no O₂
High Flow vs. BVM	Simon M, Respir Care 2016	High Flow vs. no O₂
High Flow vs. High Flow	Sevler MW, AJRCCM 2016	High Flow vs. no O₂
High Flow vs. BVM	Guillon C, Intensive Care Med 2019	High Flow vs. no O₂
High Flow vs. NIV	Frat JP, Lancet Respir 2019	High Flow vs. no O₂

41



Pre-Ox with NIV

Gibbs KW, N Engl J

+/- Apneic Ox with HFNC

42

1 More to See

Respiratory
distress

Wheezing

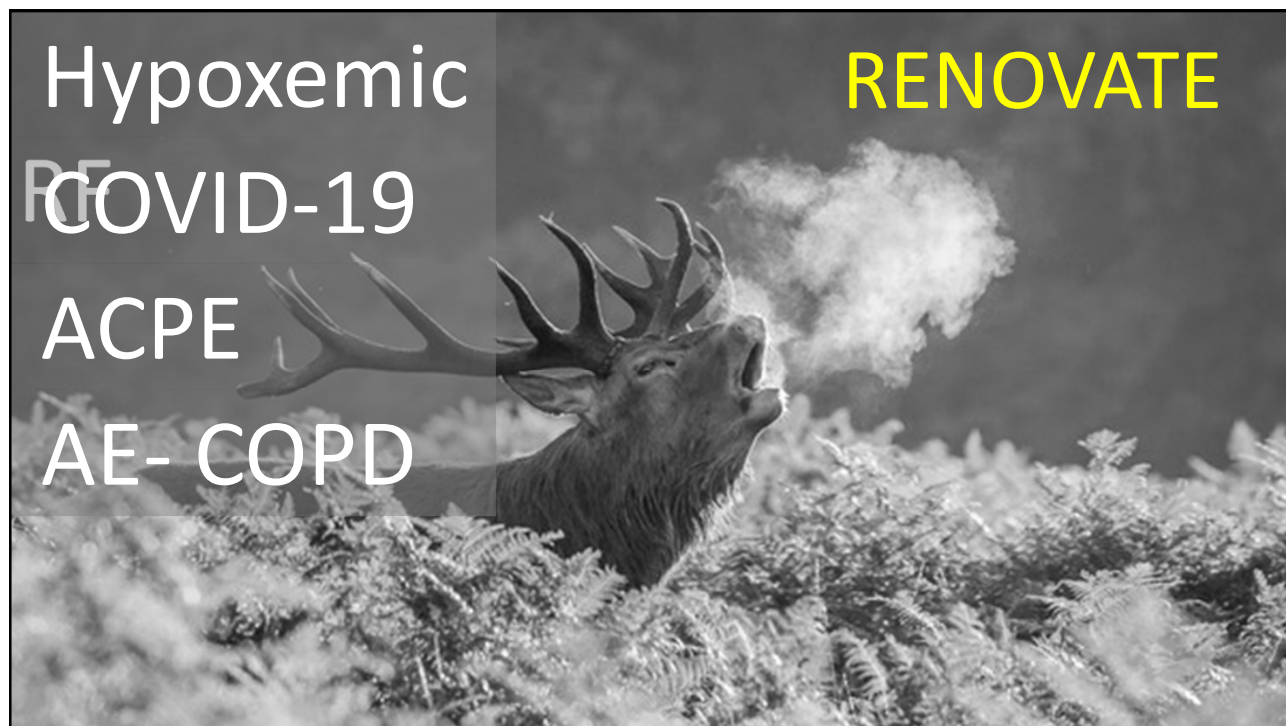


43

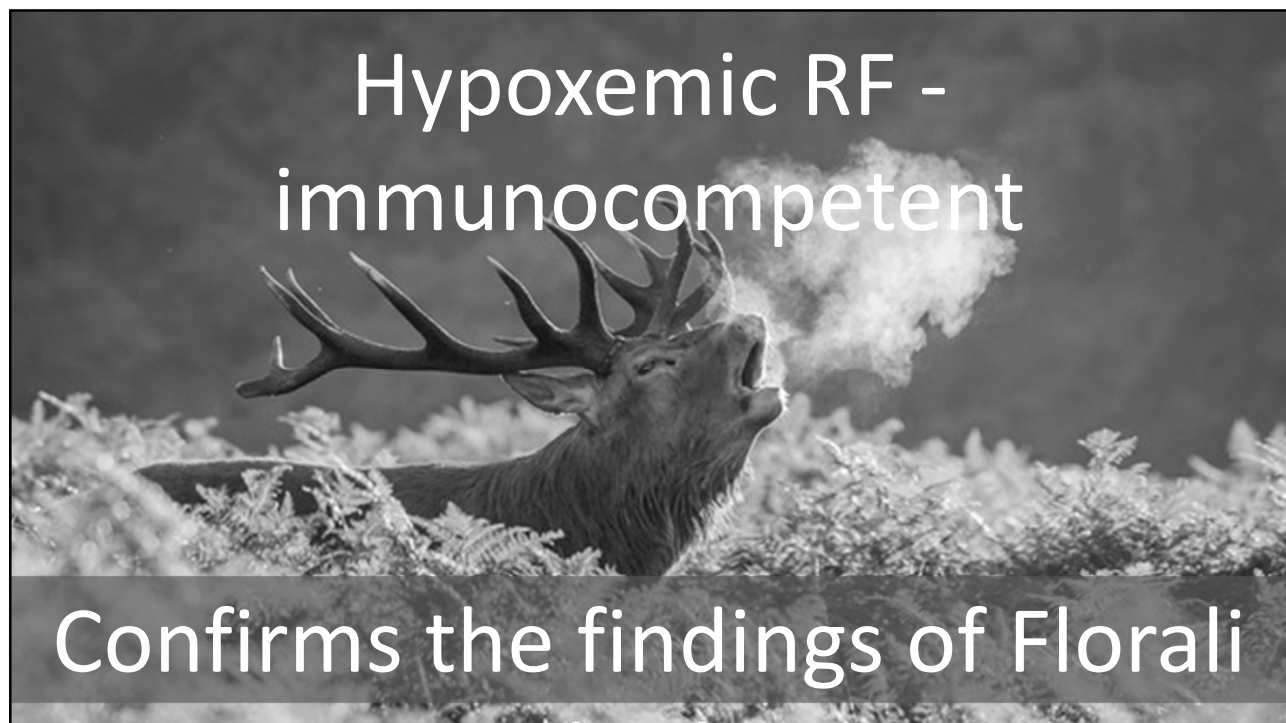
RENOVATE



44



45



46



For ACPE and AE-
COPD

Noninferiority = first-line

47



Take Homes

High Flow will physiologically
change respiratory mechanics

48

Take Homes

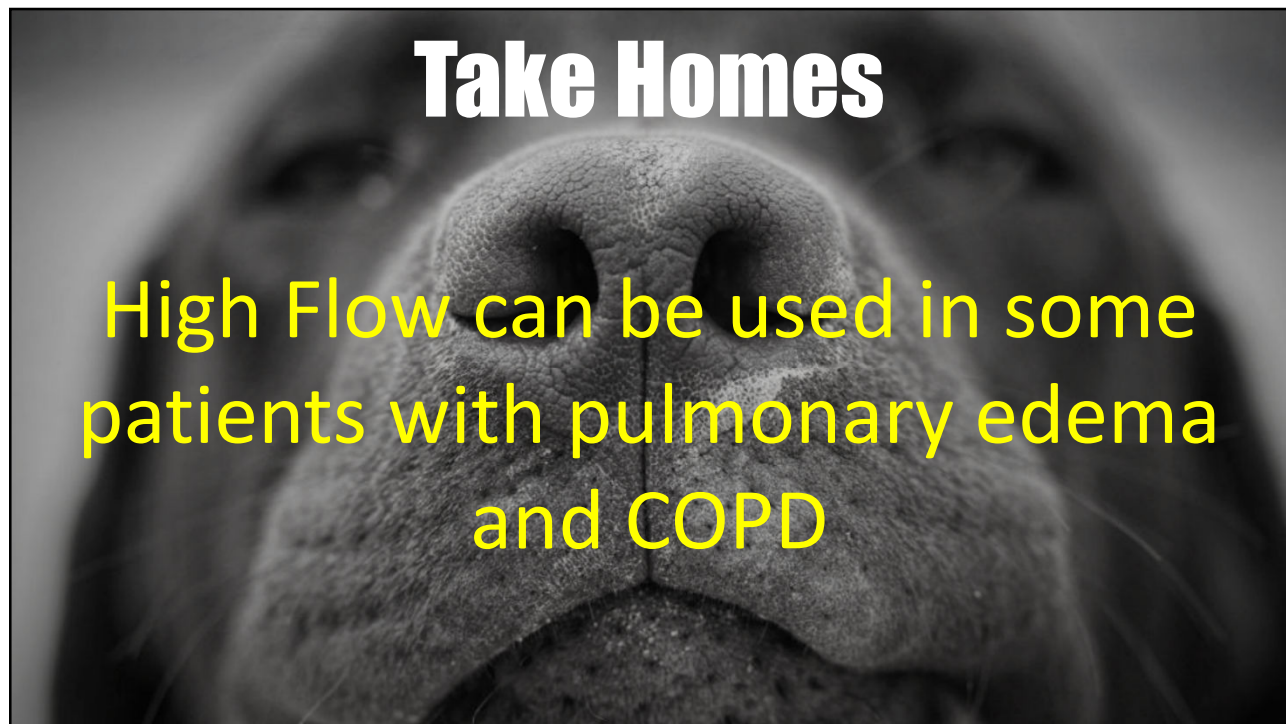
High Flow should be used for hypoxemic failure and monitored with ROX index

49

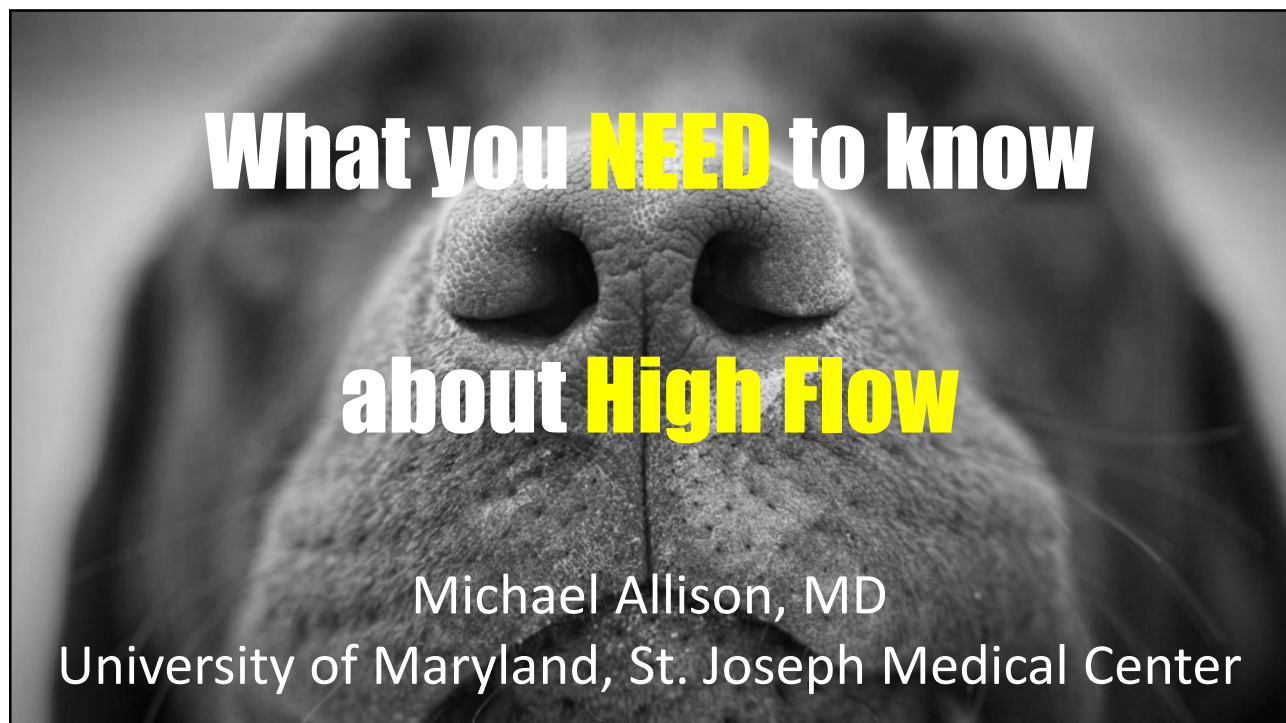
Take Homes

High Flow can be an apneic adjunct during intubation

50



51



52