East of England Nurse Led Weaning from HHHFT Flowchart for babies, children and young people

East of England Paediatric Critical Care Operational Delivery Network
Collaborative working to deliver high quality care to our children and their families

STEP 1 | Patient ready to wean?

- Sustained clinical response
- Improving/stable work of breathing
- SpO_2≥ target (≥92% unless stated)
- FiO_2 0.30–0.40
- Stable PEWS
- NO red flags

NO → Continue current settings

YES

STEP 2 | Are all criteria met?

- ☐ Medical team confirms suitability for nurse-led weaning
- ☐ Noco-morbidities
- ☐ Supervising nurse has QIS Level 1 (minimum)

NO → Continue current settings. Ask for medical review to commence weaning and/or review staffing.

YES

STEP 3 | Wean FiO_2

Wean FiO_2first. Maintain target SpO_2.

Continuous SpO_2monitoring Minimum hourly observations (PEWS) Assess RR, WOB, HR and comfort Continue FiO_2 weaning as tolerated

FiO_2stable at 0.30–0.40?

NO → Increase $FiO_2$to achieve target saturations. Medical review if necessary. Continue full monitoring and restart from Step 1.

YES

STEP 4 | Halve the flow rate

Child stable with FiO_2 0.30–0.40. Halve the current flow rate.

Continuous SpO_2monitoring Minimum hourly observations (PEWS) Assess RR, WOB, HR and comfort

Is the child tolerating weaning?

NO → **STOP WEANING**
Medical review required
Return to last tolerated settings
Deliver $FiO_2$to achieve target saturations

YES

STEP 5 | Discontinue HHHFT

If the child remains stable after 4 hours on FiO_2 0.30–0.40 AND half flow rates, discontinue therapy. Consider use of low-flow nasal cannula oxygen.

Child may "self-wean". Consultant may review and discontinue therapy sooner.

RED FLAG: STOP & ESCALATE AT ANY POINT.

Increase FiO_2as required and escalate as per local policy

- **Apnoea or bradycardia**
- **Increasing work of breathing**
- **Rising oxygen or flow requirement**
- **Sustained desaturation**
- **FiO_2>0.40–0.60**
- **Any clinical concern**