



CLINICAL PRACTICE GUIDELINE

Guideline coverage includes NICU KEMH, NICU PMH and NETS WA

Precision Bore Flow (PBF)

This document should be read in conjunction with the [Disclaimer](#)

To provide supplemental oxygen to infants with a stable ongoing oxygen requirement not needing ventilation.

Key Points

- Nasal prongs should not totally occlude the nares, there should be leak around the prongs.
- Minimum monitoring requirement is pulse oximeter. Exception to this is the infant cleared for discharge by respiratory clinic without monitoring.

Equipment

- Low flow oxygen meter.
- Appropriate size nasal prongs.
- Skin protection tape / tape to secure prongs to face.

Procedure

1. Apply skin protection to face.
2. Connect nasal prongs to oxygen supply and dial up required flow on meter.
3. Place nasal cannula into nares ensuring the cannulas are pointing downward to follow the natural curve of the nostrils.
4. Maintain SaO₂ as per protocol.
5. Check and document flow hourly.
6. Document any increase or decrease of flow in red on observation chart.
7. Notify medical staff and shift coordinator if oxygen requirement increases.

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