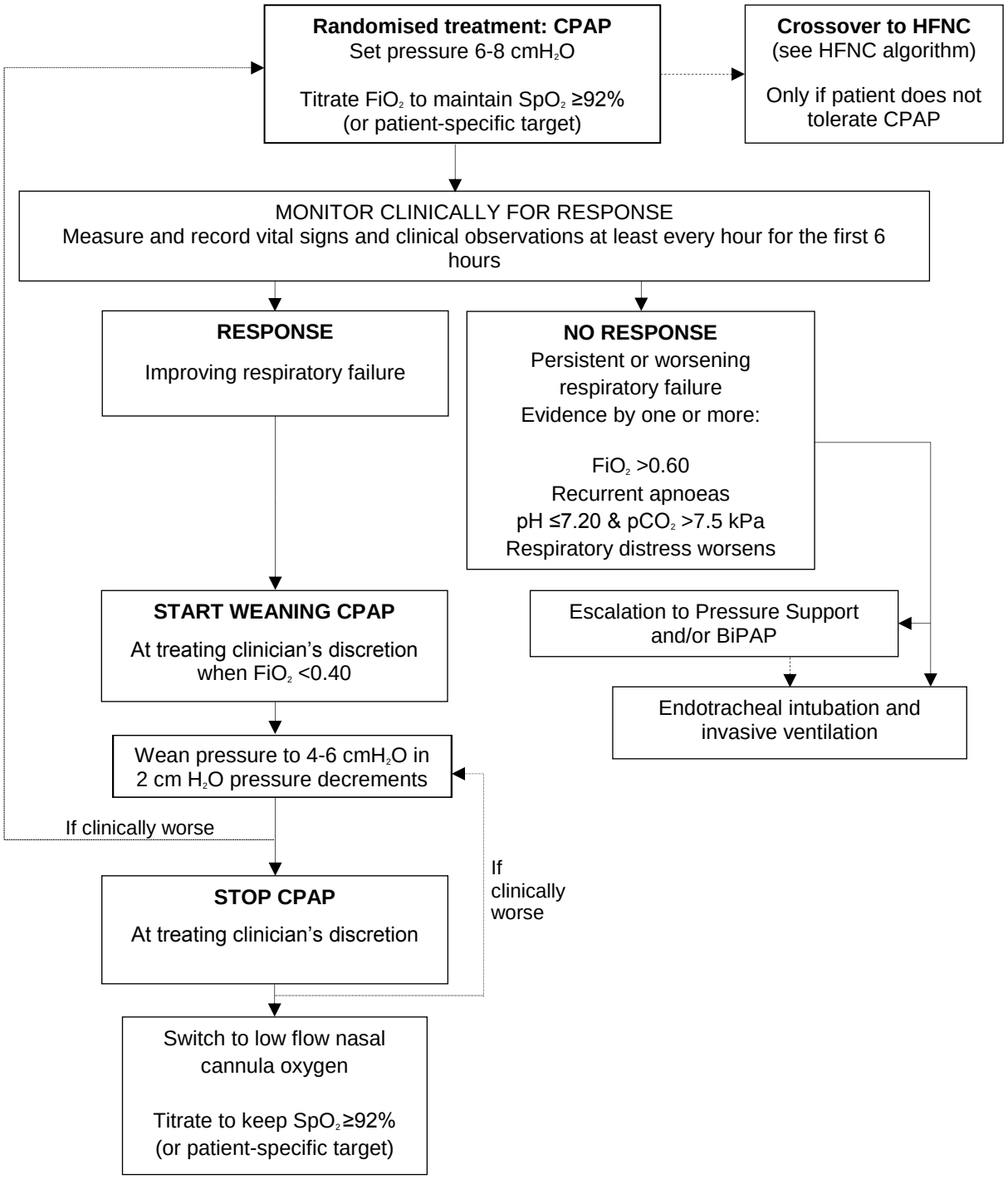
Randomised treatment: CPAP
Set pressure 6-8 cmH2O
Titrate FiO2 to maintain SpO2 ≥92%
(or patient-specific target)
Crossover to HFNC
(see HFNC algorithm)
Only if patient does not tolerate CPAP
MONITOR CLINICALLY FOR RESPONSE
Measure and record vital signs and clinical observations at least every hour for the first 6 hours
RESPONSE
Improving respiratory failure
NO RESPONSE
Persistent or worsening respiratory failure
Evidence by one or more:
FiO2 >0.60
Recurrent apnoeas
pH ≤7.20 & pCO2 >7.5 kPa
Respiratory distress worsens
START WEANING CPAP
At treating clinician's discretion when FiO2 <0.40
Escalation to Pressure Support and/or BiPAP
Endotracheal intubation and invasive ventilation
Wean pressure to 4-6 cmH2O in 2 cm H2O pressure decrements
If clinically worse
If clinically worse
STOP CPAP
At treating clinician's discretion
Switch to low flow nasal cannula oxygen
Titrate to keep SpO2≥92%
(or patient-specific target)