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High-frequency Nasal Canula and COVID ARDS: Walking on a Tightrope

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Editorial

COVID has led to innovations and strategies, primarily to manage patients with hypoxia and respiratory failure. Although devastating, the pandemic brought the best out of the medical fraternity in terms of patient care and research. Undoubtedly, invasive ventilation is the last resort in patients with progressive dyspnea not manageable with non-invasive methods; still, non-invasive ventilation methods are becoming popular and have proven their worth. CPAP and Bipap played a vital role during the first and second pandemic waves, with HFNC gradually becoming popular with the intensivists and ICU physicians because of its unique advantages [1]. The key features that made the HFNC popular are that the patient is able to prone itself, can be monitored easily of any respiratory distress and is well-tolerated even in cases of severe hypoxia. Yet, it is worth highlighting the fact that it uses a good amount of oxygen (up to 60l/min) which can be a cause of concern during the pandemic when there is a crunch of resources (oxygen). So, we would like to reemphasize and highlight the role of HFNC in COVID ARDS, which could act as a double-edged sword if not used sensibly.

The only drug which has proven its worth for the treatment of COVID is oxygen, with all other medicines having some to no benefit at all. Considering all the past experiences, it is pertinent not to waste such a lifesaving modality. Different hospitals have different policies and guidelines regarding the management of hypoxic patients admitted to them. Yet, it would be reasonable if they adopt a method and approach where oxygen wastage is limited yet providing necessary care to the patient. HFNC has gained immense popularity during this period as it can meet increased oxygen requirements for hypoxic patients. Clinicians have successfully managed patients on HFNC [2,3], leading to more and more centers and hospitals opting for this mode of ventilation. Overenthusiastic use of this modality could be a potential source of oxygen wastage and could also lead to delay in intubation if strict guidelines are not followed. Although its use before this pandemic in acute hypoxic respiratory failure has been positive [4], at present, it is difficult to state its absolute benefit as hardcore evidence is still lacking. More research and well-controlled randomized control trials in this field would help to define its future course in COVID ARDS.

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