

# Effective flow rates and decarboxylation differs between nasal high-flow devices

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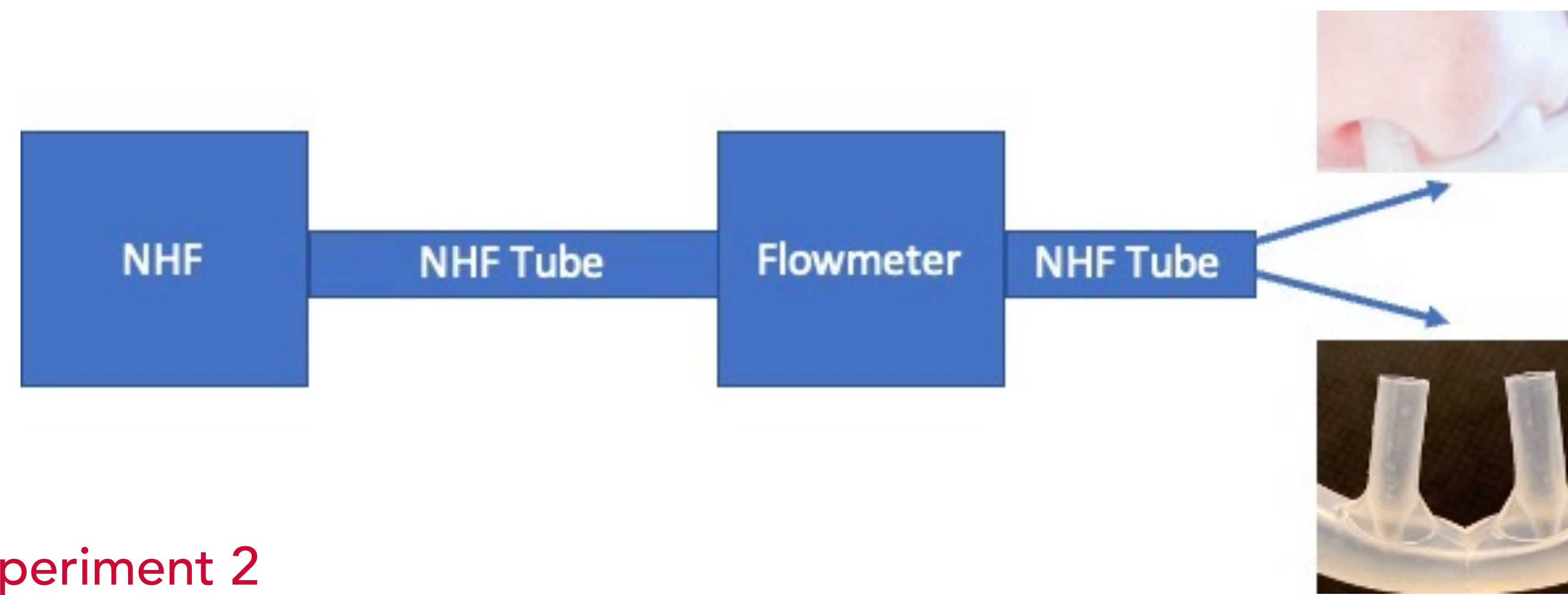
## Introduction

Different study results in hypercapnic respiratory failure leads to inconclusive implications regarding the use of NHF in this patient group. Flow rate influences directly the elimination of CO<sub>2</sub> in the blood. Therefore insufficient flow rates influence study results, especially in case of hypercapnia.

## Methods

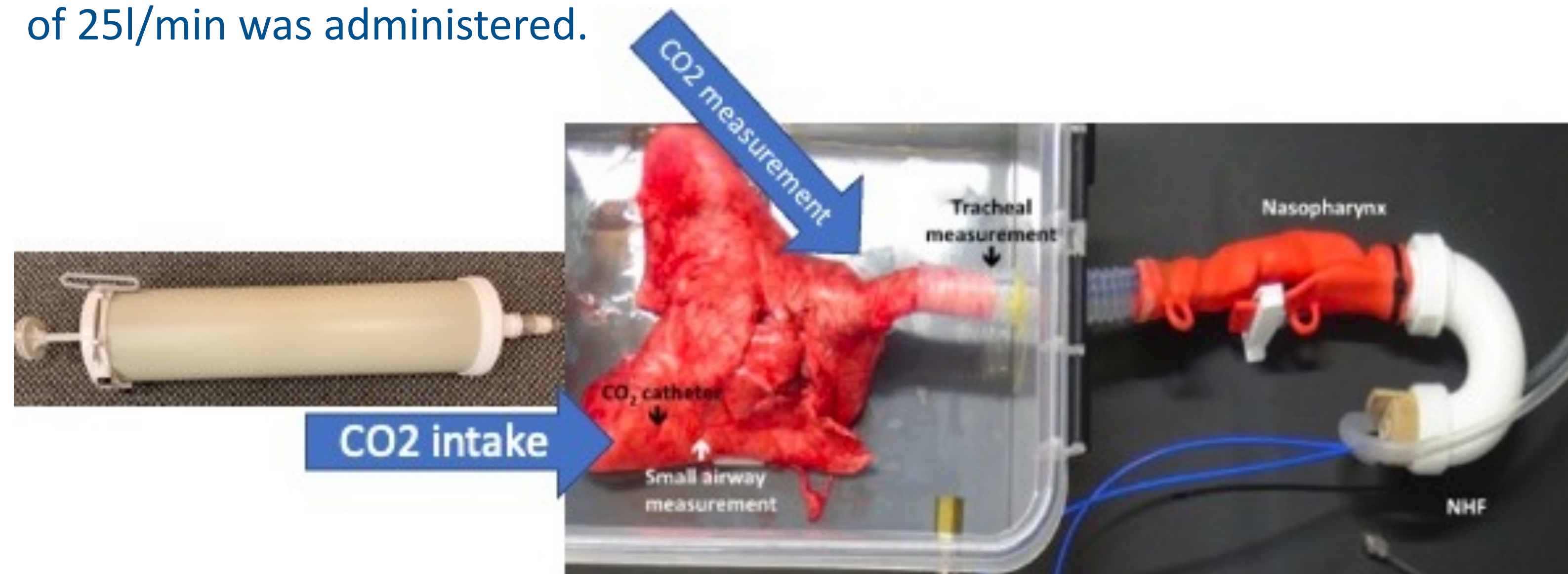
### Experiment 1

We measured the effective flow rate with a preset flow rate of 20l/min of two turbine-driven NHF devices with a flowmeter. The measurements were performed with the tube without placement in the nose or with placement in the nose to take into account nasal resistance as well.



### Experiment 2

In the second experiment we measured the elimination of CO<sub>2</sub> in a physiological lung model. CO<sub>2</sub> was inserted through a catheter in the distal airways. The concentration of CO<sub>2</sub> (ppm) was measured in the distal trachea via a catheter. The sheep lung was ventilated with different respiratory rates (15-30 l/min) and tidal volumes (300,700 ml). After achieve a steady state (CO<sub>2</sub>) NHF with a flow of 25l/min was administered.



# Main Finding

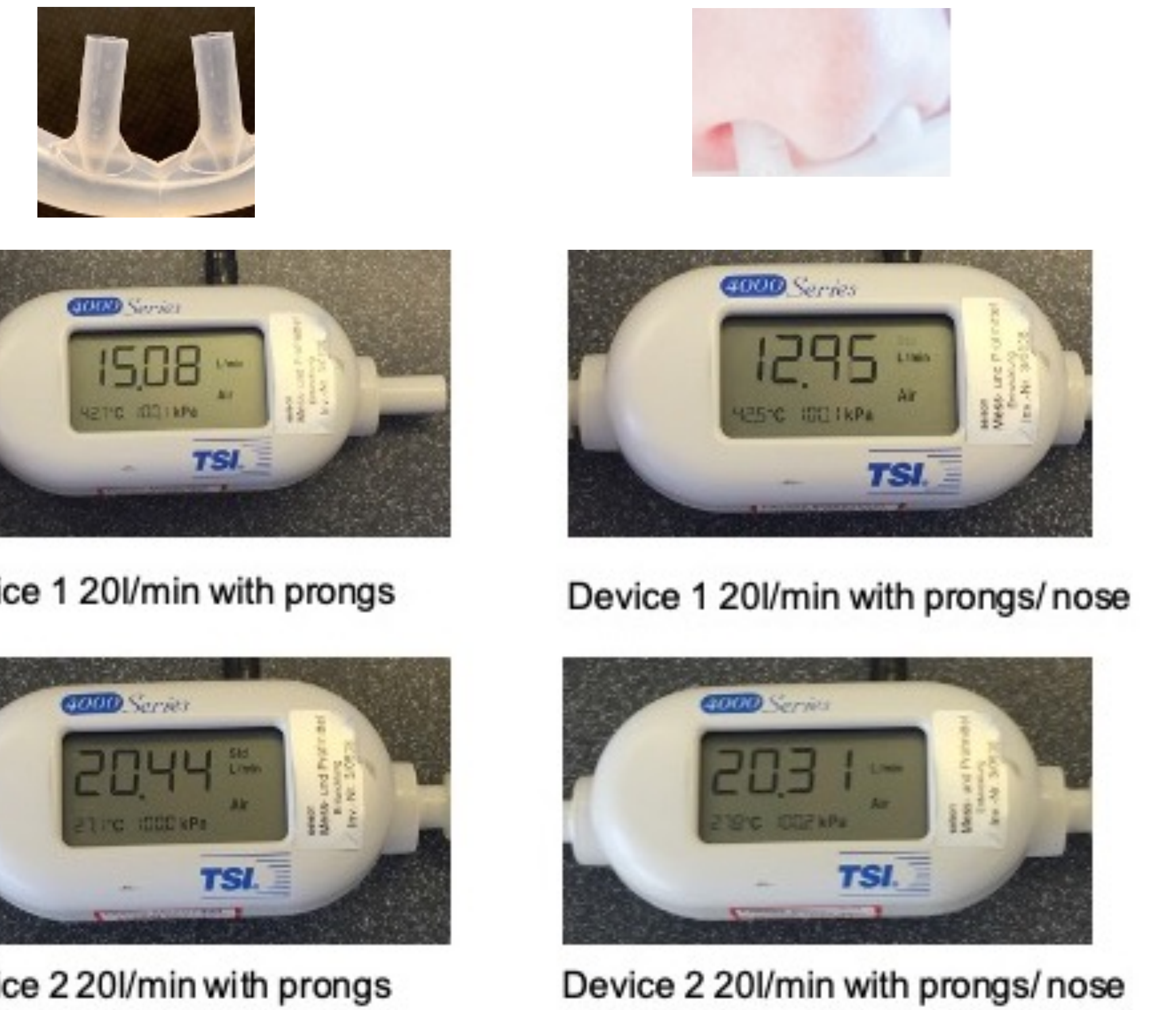
In our comparison of the effective flow rate of two devices regarding the CO<sub>2</sub> removal in a ventilated sheep lung we found significant differences. The difference between the devices was stronger in higher tidal volume.

Our data suggests that there may be a clinical important difference in turbine driven NHF devices. These could explain different study results especially regarding decarboxylation.



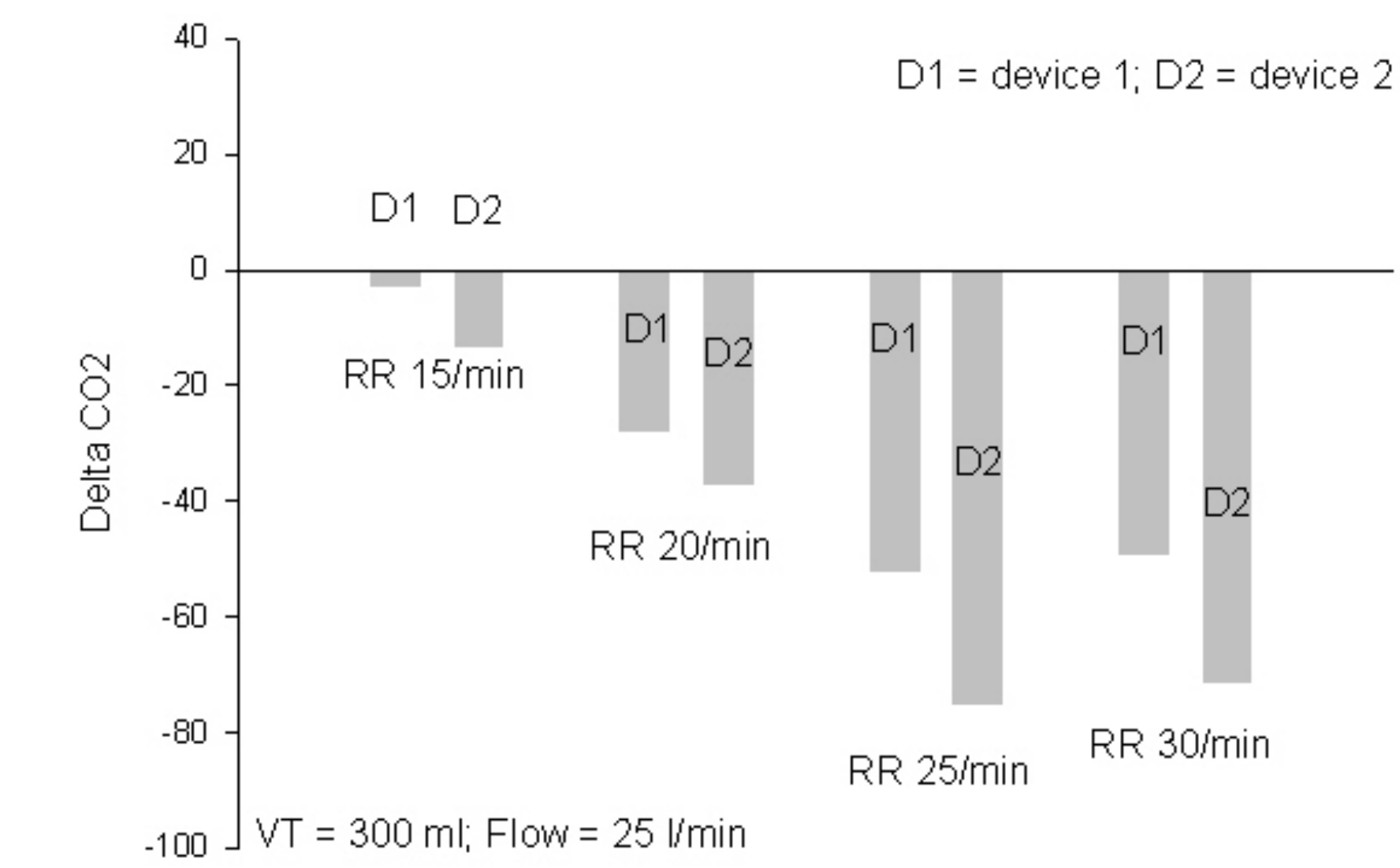
## Results

### Experiment 1



Below 20l min flow, we found a clear deviation of the measured flow from the set flow (device 1). By inserting the prongs into the nose, the difference became even more pronounced (+ nasal resistance). In device 2, the set flow was stable in both settings

### Experiment 2



When testing the devices in the ventilated sheep lung, clear differences became apparent. With a tidal volume of 300 ml, device 1 was inferior to device 2 in terms of CO<sub>2</sub> reduction at all breathing rates.

The test with 700 ml tidal volume showed an even clearer result. There was even an increase in CO<sub>2</sub> at lower breathing rates under device 1. The washout effectiveness of device 2 was similar under both tidal volumes.

