**WHAT THIS STUDY ADDS?**

- HFNC is an effective mode of respiratory support in children with respiratory distress with heterogenous etiologies.

**DISCUSSION**

HFNC was effective in preventing intubation in children with respiratory distress in the present study with low failure rate in patients with various respiratory etiologies. The low failure rate on HFNC could be because it was started relatively early and preemptively, even in cases of mild to moderate illness.

Patients with shock were also managed successfully on HFNC in this study. The contribution of HFNC in recovery of these patients cannot be quantified since multimodal monitoring and management plays a more important role. However, HFNC helps in decreasing work of breathing in these patients by maintaining functional residual capacity.

Patients who responded on HFNC had lower respiratory clinical score and COMFORT score with higher SF score at 60-90 minutes and at 12-24 hours. These parameters suggest that patients who are likely to succeed on HFNC would show favorable response within first few hours which was sustained over 24 hours. Non-responders had lower SF ratio, higher respiratory clinical score and COMFORT score on admissions suggesting that these children were sicker and more likely to need NIV or invasive ventilation.

The complication rate was low with airleak seen in only two patients with ARDS. The lower incidence of airleaks may be due to the standard flow rates being used in the study.

HFNC use requires additional treatment modalities before invasive ventilation which can be associated with adverse events [6] and additional costs. It may also be associated with delay in intubation, which however, was not seen in the present study.

The present study used easily reproducible tools for assessment and monitoring of severity of illness in children with heterogenous conditions making this relevant in daily clinical practice. This was however, a single center study using prespecified protocol, thereby limiting its external validity. A control arm without HFNC was not compared for ethical concerns.

To conclude, HFNC is an effective and safe primary mode of respiratory support in children with respiratory distress due to various causes. Children who succeed on HFNC show favourable response within first few hours and response is sustained over the next few days.

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**REFERENCES**


**ERRATUM**

Please note the following correction in the correspondence titled “Pediatric renovascular hypertension: The diagnostic algorithm” published in Indian Pediatr. 2020;57:1082-83. The name of the first author should be ‘Divya Dhiman’ in place of ‘Divya Sharma.’ Appropriate corrections have already been done in the web version at [http://www.indianpediatrics.net/nov2020/nov-1082-1083.htm](http://www.indianpediatrics.net/nov2020/nov-1082-1083.htm) on November 26, 2020.