The Hierarchy of evidence is based on summaries from the National Health and Medical Research Council (2009), the Oxford Centre for Evidence-based Medicine Levels of Evidence (2011) and Melynyk and Fineout-Overholt (2011).

I  Evidence obtained from a systematic review of all relevant randomised control trials.

II  Evidence obtained from at least one well designed randomised control trial.

III  Evidence obtained from well-designed controlled trials without randomisation.

IV  Evidence obtained from well designed cohort studies, case control studies, interrupted time series with a control group, historically controlled studies, interrupted time series without a control group or with case- series

V  Evidence obtained from systematic reviews of descriptive and qualitative studies

VI  Evidence obtained from single descriptive and qualitative studies

VII  Expert opinion from clinicians, authorities and/or reports of expert committees or based on physiology


<table>
<thead>
<tr>
<th>Reference (include title, author, journal title, year of publication, volume and issue, pages)</th>
<th>Evidence level (I-VII)</th>
<th>Key findings, outcomes or recommendations</th>
</tr>
</thead>
</table>
| Groves N & Tobin A. (2007). High flow nasal oxygen generates positive airway pressure in adult volunteers. Australian Critical Care. 20, 126—131 | VI | Suggests that HFNC therapy has been shown to have similar effect to nasal CPAP
A degree of CPAP is generated however flow is dependent on mouth being open or closed |
Appeared to reduce the need for intubation in infants (<24 months) with viral bronchiolitis |
Provides a well-tolerated and comfortable method of non-invasive ventilatory support |