

Figure 20.1 Mask options for non-invasive ventilation (CPAP and BiPAP).
Source: Leach RLM, 2014. Reproduced with permission of John Wiley & Sons.

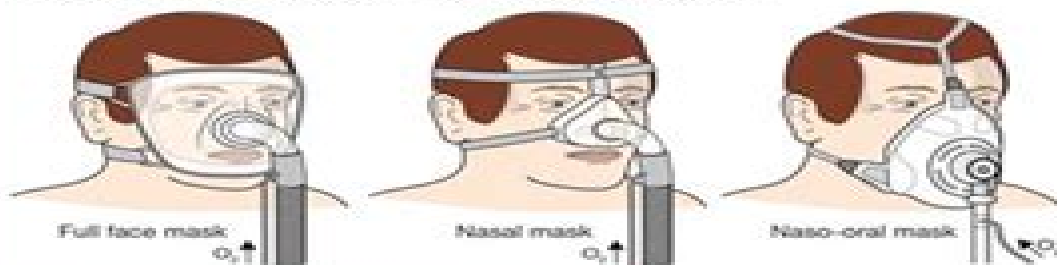


Figure 20.2 High flow nasal oxygen



Box 20.1 Indications for CPAP

- Acute hypoxemic respiratory failure
- Cardiogenic pulmonary oedema

Both refractory to conventional medical treatment

Box 20.2 Indications for BiPAP

- Acute hypercapnic respiratory failure in the acute or chronic patient
- $\text{PaCO}_2 > 6.5 \text{ kPa}$
- $\text{pH} < 7.35$
- Increased RR despite optimisation with oxygen therapy OR
- Hypercapnic respiratory failure with chest wall deformity
- Neuromuscular disorder
- Obstructive sleep apnoea
- Type 1 respiratory failure not responding to CPAP, but must be in level 3 environment

Box 20.3 Standard Medical therapy for COPD

- Controlled oxygen therapy to maintain SaO_2 between 88–92%
- Nebulised salbutamol 2.5–5 mg
- Nebulised ipratropium 500 µg
- Prednisolone 30 mg
- Antibiotic agent (if indicated)

Box 20.4 Issues for consideration when starting NIV

- Has the patient consented to NIV? Does patient and their relatives understand the treatment plan?
- If NIV fails, is intubation, ventilation and admission to ITU appropriate?
- If NIV fails is it appropriate to continue as palliation? Is NIV ceiling of care?
- Is it inappropriate to start NIV due to complexity of patient problems and poor prognosis?
- Considering a DNAR? This does not exclude NIV treatment
- pH below 7.25? This is a threshold for considering intubation and full ventilation, with level 3 care

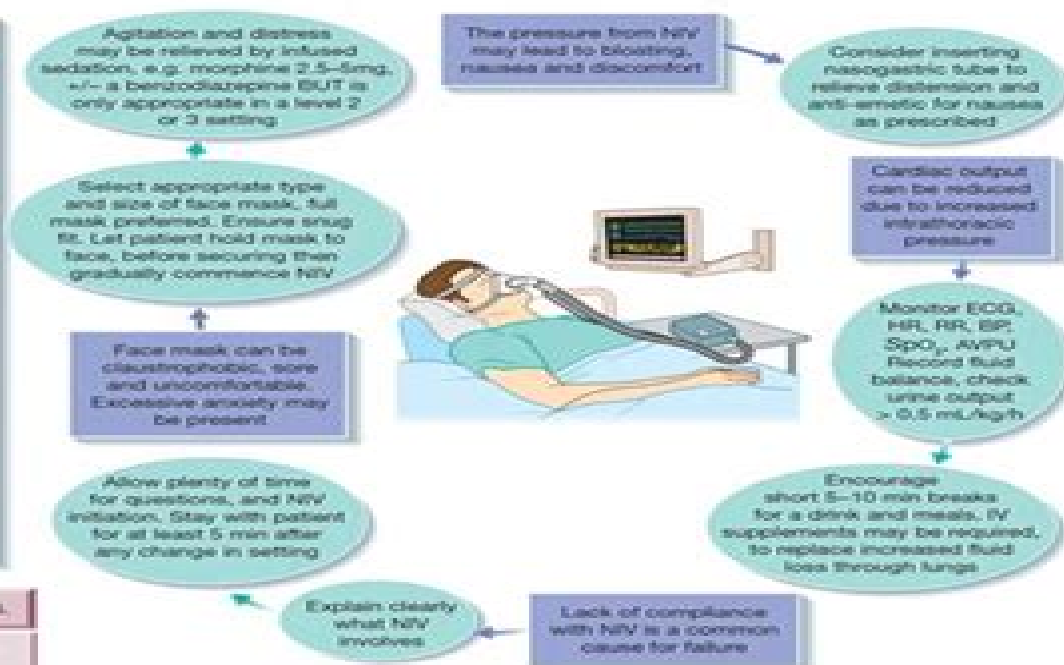
Table 20.1 Inclusion and exclusion criteria.
Source: Davidson A., et al., 2015.

NIV inclusion	NIV exclusion
Primary diagnosis of COPD (neuromuscular disease or obesity) present	Life threatening hypoxemia $\text{pH} < 7.15$
Able to protect airway	Severe comorbidity
Conscious and co-operative	Glasgow coma score ≤ 8 , confusion, agitation Severe cognitive impairment
Potential recovery to quality of life acceptable to the patient	Facial burns/trauma/ recent facial or upper airway surgery
Patient consent gained	Undrained pneumothorax
In level 3 area, NIV may be appropriate if not fully conscious	Upper gastrointestinal surgery Bowel surgery
There is evidence to support the use of NIV in patients who are comatose secondary to COPD-induced hypercapnia	Inability to maintain airway/moribund Is $\text{pH} < 7.25$ with additional adverse features?

Box 20.5 Patient safety alert stage one. Source: NHS, 2015.

- A mask for non-invasive ventilation (NIV) was attached to a patient's face but the ventilation machine had not been switched on
- The patient became severely hypoxic and died

Figure 20.3 Meeting the needs of the patient requiring NIV



Plan Of Care Long Term Ventilated Patient

James M. Cairo



Plan Of Care Long Term Ventilated Patient:

Pediatric Long-Term Non-Invasive Ventilation Renato Cutrera, Brigitte Fauroux, 2021-03-30 This Research Topic has received financial support from Phillips and Air Liquide

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