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| Patient name: | Hospital number: |

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**Non-Invasive Ventilation**

**Management Plan**

**Ward Area**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Hospital No.** |  |
| **Location** |  |
| **Consultant** |  |
| **Date NIV started** |  |
| **Nurse** |  |

Please complete this form before commencing NIV therapy

Is patient on home NIV?

Page 1

K Tyrie – CCOT – Jan 2020



|  |  |
| --- | --- |
| Patient name: | Hospital number: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Designation** | **Name** | **Signature** | **Date** |
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Page 2



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**Pre-NIV Assessment EWS\_\_\_\_\_\_**

**Oxygen saturation trigger Y / N ABG**

|  |  |
| --- | --- |
| Time |  |
| Inspired O2 |  |
| pH |  |
| pCO2 |  |
| pO2 |  |
| Hc03 |  |
| BE |  |

|  |  |
| --- | --- |
| Respiratory Rate |  |
| Oxygen Sats (%) |  |
| Added O2 |  |
| BP |  |
| HR |  |
| Temp |  |
| AVPU |  |

**CXR Findings:**

**Main Diagnosis:**

**Optimising Therapy:**

Immediate maximum standard medical treatment should be implemented prior to commencing NIV therapy.

Please assess effectiveness:

**O² prescription**

**Supplementary O² to achieve oxygen saturations** (BTS Emergency Oxygen Use in Adult Patients Guideline 2008)

**88 – 92% Aminophylline**

**>94% Furosemide**

Consider in presence of LVF

**Bronchodilators GTN**

**Steroids Consider NGT**

**Antibiotics**

**Adequate Hydration**

Page 3



|  |  |
| --- | --- |
| Patient name: | Hospital number: |

**Contraindications**

**Absolute**

Asthma Refer to ICU / HDU

Sustained facial trauma Refer to ICU / HDU

Fixed airway obstruction Refer to ICU / HDU

Intractable vomiting Refer to ICU / HDU

Undrained pneumothorax Refer to ICU / HDU

Significant haemoptysis Refer to ICU / HDU

Raised ICP Refer to ICU / HDU

Inability to protect own airway Refer to ICU / HDU

Pneumonia in non-COPD patient Refer to ICU / HDU

If the patient does not want

Cannot tolerate therapy despite encouragement

**Relative**

Altered conscious level Consider referral to ICU / HDU

Previous respiratory arrest

Likely to have an upper GI bleed

PH <7.25 Consider referral to ICU / HDU

Severe cardiovascular instability Consider referral to ICU / HDU

(Hypotension / Dysrhythmias)

Confusion / Agitation requiring sedation Refer to ICU / HDU

Proximal lung tumors

Previous ventilator acquired Pneumothorax Consider referral to ICU / HDU

**Rationale for commencing therapy if any of the above identified:**

|  |
| --- |
|  |

**Assess suitability for NIV:**

Patient wishes / consent (Refer to Mental Capacity Act 2005 and Code of Practice)

|  |
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|  |

**During NIV treatment should the below occur refer to ICU / HDU for advice or consideration to admit**

* Worsening pH and PaCO2, despite optimal medical and NIV management
* Acute Hypercapnic respiratory failure with impending respiratory arrest
* Failure to augment chest wall movement whilst on NIV
* Inability to maintain sats >85% despite optimal medical and NIV management

Page 4



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| Patient name: | Hospital number: |

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| Patient name: | Hospital number: |

**Oral Hygiene**

Standard oral hygiene -

* Regularly check oral cavity for broken areas, inflammation of gums and tongue, ulceration, debris and candida
* Brush teeth 12 hourly using toothbrush and fluoride toothpaste
* Rinse mouth with drinking water
* Mouth swabs using water (1 – 2 hourly or when on a break from NIV therapy)
* Regular drinks
* Consider use of artificial saliva if drying of the oral mucosa is a persistent problem

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Referral to ICU Immediate I&V

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Escalation plan:

DNAR discussed

Referral to end of life care

Referral to Respiratory team

Respiratory Consultant R/V (at earliest opportunity)

Referral to Physio

**Decision made to commence NIV (Medical Registrar ST3 or above)**

**NIV Prescription**

|  |  |
| --- | --- |
| Name of doctor prescribing NIV | Signature |
| Date | Time |

**O2 Prescription signed**

**NIV Prescription (initial settings)**

|  |  |  |  |
| --- | --- | --- | --- |
| **IPAP** |  | Trigger sensitivity |  |
| **EPAP** |  | Cycle sensitivity |  |
| **Set respiratory rate** |  | Rise time |  |
| **Target tidal volume** |  | Mode |  |

**Nurse administering therapy to stay for 1 hour**

**Repeat ABG in 1 hour**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Time** |  |  |  |  |  |
| PH |  |  |  |  |  |
| PaC02 |  |  |  |  |  |
| Pa02 |  |  |  |  |  |
| HC03 |  |  |  |  |  |
| BE |  |  |  |  |  |
| Sp02 |  |  |  |  |  |

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**NIV Risk Assessment**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 3 | Pneumonia with no previous diagnosed history of COPD | FiO2 >50% or with sputum retention | Unconcious GCS <10 and not able to summon assistance. Confused and/or agitated & not able to fit or remove mask | Cardiovascular instability requiring more than one intervention i.e. drugs & fluid | History of vomiting or feeling nauseous | Respiratory acidosis pH <7.25  Mixed respiratory & metabolic acidosis | Tracheostomy (invasive) |
| **2** | Exacerbation of COPD or establishing patient onto home therapy | FiO2 28% to 49% but able to cough & expectorate | Drowsy but able to summon assistance. Needs help to fit mask but able to remove mask | Cardiovascular instability requiring intervention with fluids | Nasogastric tube insitu | Primary respiratory acidosis pH 7.25 – 7.35 | Hospital equipment with unvented mask (non-invasive) |
| 1 | Continuation of home therapy | FiO2 <28% | Alert & able to summon assistance. Able to fit and /or remove mask | Hemodynamically stable | No evidence of nausea or vomiting | Normal gas exchange for patient | Patients own equipment with vented & anti-asphyxiation mask. Hospital equipment with vented mask (non-invasive) |
|  | **Reason for therapy** | **Respiratory status** | **Neurological status** | **Cardiovascular status** | **Gastrointestinal status** | **Acid base balance** | **Interface** |

Page 6



**Nursing Documentation**

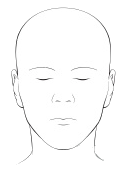
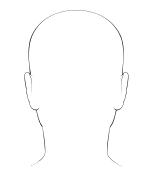
Breaks from NIV should be made for drugs, physiotherapy, meals, pressure area care, to deliver oral hygiene and eye care.

Pressure Area Care

These should be checked each time the mask is removed or replaced.

Please document pressure area changes on the **‘SKIN BUNDLE Pressure Ulcer Prevention’ document.**

**At risk areas**



Nutrition

Breathless patients may find it difficult to eat; this is further compromised if they are unable to remove the mask for sufficient time to masticate food. Liquid supplements are an alternative.

* Please commence a food chart to monitor dietary input.
* Consider an early referral to the dieticians.
* Early consideration of a nasogastric feeding tube may also be required.
* Nasogastric feeding may be more appropriate, particularly in the acutely ill patient. Oral medication can be given easily via NG. Fine-bore feeding tubes do not significantly affect mask fit. The patient should not lie flat when being tube fed to reduce the risk of aspiration.
* Encourage and assist the patient with regular oral intake of fluids.
* Keep a detailed record of what the patient drinks.
* If the patient is unable to eat and drink sufficiently, IV fluids must be considered and administered.

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| Patient name: | Hospital number: |

**NIV Observation Chart**  - Please complete at initiation of therapy and then hourly; at each point at which a change in settings occurs or the therapy is removed or recommenced.

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| Date | Time | NIV on / off | Pathology setting | IPAP | EPAP | Back up resp rate | Trigger sensitivity | Cycle sensitivity | Ti max | Ti min | Rise time | Fall time | Tidal volume | **Entrained O2** | **O2 saturations** | **Respiratory rate** | **Alarm settings** | Respiratory rate  High Low | Low volume | Mask leak  ON OFF | Signature |

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| **Date of next assessment** |  |  |  |  |  | **Score 12 and above: very high risk**   * Continuous oxygen saturation monitoring * Hourly cardiovascular monitoring * Cardiac monitoring * Complete a risk assessment & inform the Directorate Matron * Consider transfer to a level 2 facility * Increase nursing ratio to 1:1 |
| **Signature & band** |  |  |  |  |  |  |
| **Action taken (if any)** |  |  |  |  |  |  |
| **Total score** |  |  |  |  |  |  |
| **Interface** |  |  |  |  |  |  |
| **Acid base balance** |  |  |  |  |  |  |
| **Gastro-Intestinal status** |  |  |  |  |  | **Score 8 or less: at risk**   * Follow respiratory team plan   **Score 9 – 12: high risk**   * Continuous oxygen saturation monitoring * Hourly cardiovascular monitoring * Nursing ratio 1:6 |
| **Cardio-vascular status** |  |  |  |  |  |  |
| **Neurological status** |  |  |  |  |  |  |
| **Respiratory status** |  |  |  |  |  |  |
| **Reason for therapy** |  |  |  |  |  |  |
| **Date** |  |  |  |  |  |  |

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| Patient name: | Hospital number: |

**NIV Observation Chart**  - Please complete at initiation of therapy and then hourly; at each point at which a change in settings occurs or the therapy is removed or recommenced.

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| Date | Time | NIV on / off | Pathology setting | IPAP | EPAP | Back up resp rate | Trigger sensitivity | Cycle sensitivity | Ti max | Ti min | Rise time | Fall time | Tidal volume | **Entrained O2** | **O2 saturations** | **Respiratory rate** | **Alarm settings** | Respiratory rate  High Low | Low volume | Mask leak  ON OFF | Signature |

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| Patient name: | Hospital number: |

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| Date | Time | NIV on / off | Pathology settomg | IPAP | EPAP | Back up resp rate | Trigger sensitivity | Cycle sensitivity | Ti max | Ti min | Rise time | Fall time | Tidal volume | **Entrained O2** | **O2 saturations** | **Respiratory rate** | **Alarm settings** | Respiratory rate  High Low | Low volume | Mask leak  ON OFF | Signature |

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