Guidelines for NIV
Managing acute respiratory insufficiency and failure in the emergency department

Adjustments to Improve Oxygenation
Management of patients unable to adequately oxygenate requires adjustment of EPAP and/or FIO2. This can be achieved with adjustments to EPAP in increments of two (2 cmH2O) to achieve the desired SaO2. NOTE: An increase in EPAP without a simultaneous increase in IPAP will decrease positive pressure support. Tidal volume will usually decrease and cause an increase in PaCO2. Therefore, to maintain the same ventilation IPAP should be increased at the same level EPAP is increased.

Backup Rate
Setting the rate on a Respironics Ventilator ensures that the patient will receive a breath if apneic episodes should occur. The delivery of a machine breath is based upon the time period determined by the set rate. EXAMPLE: A rate set at 10 BPM will have a six-second window of time before the machine will deliver a timed breath to the patient. However, if the patient initiates a spontaneous breath at least every six seconds, the ventilator will not deliver a machine breath.

Adjustment to Improve Ventilation
Patients experiencing ventilation difficulties and exhibiting signs such as dyspnea, rapid respiratory rate, excessive accessory muscle use and/or an increased PaCO2 will often benefit from appropriate IPAP adjustments. To adjust for optimal ventilation, increase the IPAP level in increments of two (2 cmH2O) to relieve symptoms of respiratory distress.

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IMPORTANT: THESE GUIDELINES ARE INTENDED TO SERVE ONLY AS A REFERENCE. THEY SHALL BE USED ONLY IN CONJUNCTION WITH THE INSTRUCTIONS AND/OR PROTOCOL SET FORTH BY THE PHYSICIAN AND INSTITUTION IN WHICH THE ASSIST DEVICE IS BEING USED. THE GUIDELINES ARE NOT INTENDED TO SUPERSEDE ESTABLISHED MEDICAL PROTOCOLS.

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