

Instructions for Staff when patient admitted with an Aerosol Generating device – CPAP/NIV

- On admission ward staff to contact the Sleep and Ventilation department on extension 5386 to establish what device (Continuous Positive Airways pressure – CPAP or Non-Invasive Ventilation – NIV and if they are reliant/compliant).
- 288 Bleep also to be notified to review the patient on the ward to establish whether the device is required.
- If admitted Out of hours – staff to identify patients requirement of device dependent upon underlying condition and medical history – Blood gas to be carried out if Type two respiratory failure suspected.
- The admitting ward should contact the 288 bleep holder (weekdays 8-6) for a discussion regarding continuing treatment on NIV/CPAP and whether a capillary blood gas is required.

RED – Patients likely to deteriorate without CPAP/NIV

- Patients with underlying lung disease (COPD), neuromuscular conditions i.e. MND, muscular dystrophy.
- Patients admitted medically unwell and requiring NIV due to respiratory acidosis or are hypoxic.

AMBER – Discussion with Respiratory Consultant

- Patients on NIV that have normal blood gases can cease therapy for a short period. Monitor blood gases and daytime symptoms.
- Obesity hypoventilation syndrome patients.
- Chest wall deformity patients.
- Patients with mental health conditions who may experience distress if treatment suspended.

GREEN – Can cease CPAP/NIV short term

- Mild/Moderate OSA – patient may become symptomatic during inpatient stay.
- Severe OSA (if respiratory status is satisfactory) - patient may become symptomatic during inpatient stay.