NIV INITIATION CARE PLAN

Name : _____

Hosp No: _____

DOB: _____

NHS No: _____

Male / Female (please circle)

This care plan should be completed and escalation plans fully documented (along with DNACPR form if appropriate) before commencing ward based NIV.

Decision to commence NIV made By :

Consultant ☐ Mid Grade ☐

Where Is NIV being commenced:

ED ☐ MAU ☐ Moelwyn ☐ Other ☐

Form Completed By :
(Sign and print name with bleep and designation)

CONSENT:

Given By Patient ☐ Patient Unable to Give Consent ☐ Discussed with family ☐

DIAGNOSIS:

COPD ☐

OBESITY/HYPOVENTILATION ☐

CHEST WALL/ NEUROMUSCULAR. ☐

OSA ☐

OTHER DIAGNOSIS

Home NIV:

Is the patient on Home NIV ? Yes / No

If Yes, What are the pressure settings? IPAP: _____ EPAP_____ FiO2_____

(DO NOT UNDER TREAT THE PATIENTS ON HOME NIV)

CHECKLIST:	**YES**	**NO**
Acute/Decompensated Hypercapnic Respiratory Failure	☐	☐
Patient has received optimal medical management, including targeted oxygen therapy for at least one hour (in Acute exacerbation of COPD)	☐	☐
Pneumothorax Excluded on CXR	☐	☐
Contraindications Excluded (see flow chart on Page 7)	☐	☐

Consideration/Discussion with Critical Care Team

Premorbid Clinical Frailty Score: _____

Organ Failure: Single organ failure ☐ * Multi organ failure ☐

***Severe Acidosis (pH <7.25):** Yes ☐ No ☐

***(In severe acidosis and multi organ failure→Discuss with ITU if appropriate)**

- NB patients needing > 1 organ support should be referred to Critical Care from the outset.
- In patients with multi organ failure not for escalation to critical care careful consideration should be given to whether NIV will have a realistic prospect of improving outcomes.
- Patients needing an AGP but also a cardiac monitored bed need to be discussed with Critical Care and should not come to ward AGP areas which have no cardiac monitoring facilities.

Escalation plan if NIV fails:

Escalate to ITU/Intubation ☐ Palliative/supportive management ☐

Resuscitation Status : For / Not For Date of Resus Decision :_____

Note: Pre prescription care plan must be completely filled before prescribing NIV

NIV PRESCRIPTION CHART

Name : _____ **Hosp No:** _____	**DATE AND TIME NIV COMMENCED**

INITIAL ABG	
Date	
Time	
FiO2	
pH	
PaCO2	
PaO2	
HCO3-	
BE	
SO2	

INITIAL NIV SETTINGS	
IPAP	
EPAP	
FiO2	
Recommended use e.g. Breaks , Time	
Doctor's Name	
Bleep	
Signature	

- Please up titrate the pressures as tolerated until the gases are optimised using time flow chart on page 7
- All changes in prescription need documenting on page 4

Patient's Name_____ Hospital Number_____

SERIAL ABG MEASUREMENTS AND NIV SETTINGS

	1	2	3	4	5
Date					
Time					
pH					
PaCO2					
PaO2					
HCO3-					
BE					
SpO2					
FiO2					
IPAP					
EPAP					

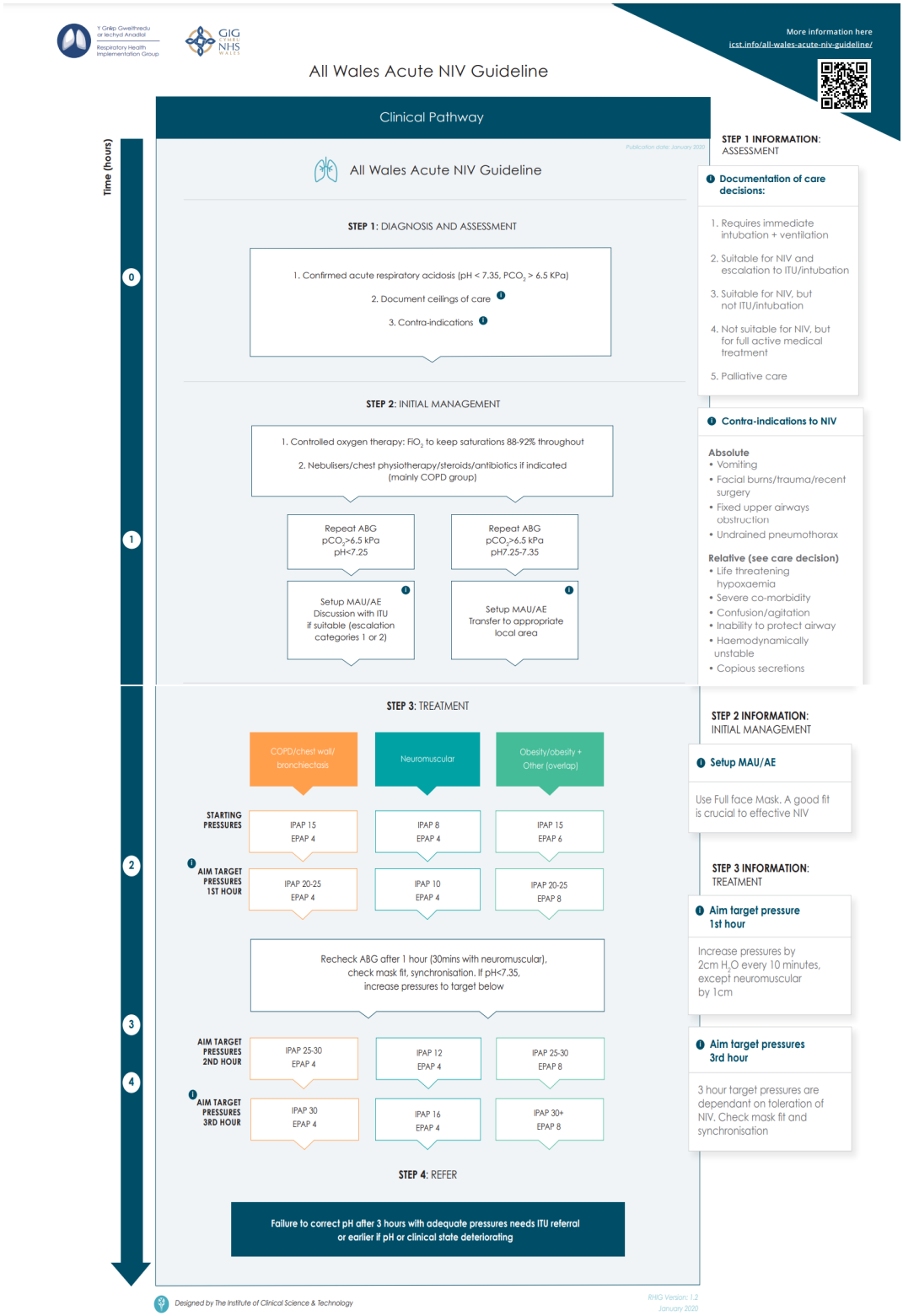
Changes to NIV settings according to ABG results

	1	2	3	4	5
FiO2					
IPAP					
EPAP					
Recommended Usage					
Reason for Change					
Record if No change to NIV					
Signature					
Print Name					
Date					
Time					

Patient's Name_____ Hospital Number_____

Document the most up to date plan for NIV use e.g. Intended length of use / Weaning strategy	
Date Review Date 	**Plan:**
Date Review Date 	**Plan:**
Date Review Date 	**Plan:**
Date Review Date 	**Plan:**
Date Review Date 	**Plan:**
Date Review Date 	**Plan:**

Nursing record of NIV use						
Date	**Time On**	**Time Off**	**IPAP**	**EPAP**	**FiO2**	**Comments**


Y Grwp Gweithredu ar Iechyd Anadlol
Respiratory Health Implementation Group
GIG CYMRU NHS WALES
More information here
icst.info/all-wales-acute-niv-guideline/
All Wales Acute NIV Guideline
Clinical Pathway
Publication date: January 2020
All Wales Acute NIV Guideline
Time (hours)
0
1
2
3
4
STEP 1: DIAGNOSIS AND ASSESSMENT
1. Confirmed acute respiratory acidosis (pH < 7.35, PCO2 > 6.5 KPa)
2. Document ceilings of care
3. Contra-indications
STEP 2: INITIAL MANAGEMENT
1. Controlled oxygen therapy: FiO2 to keep saturations 88-92% throughout
2. Nebulisers/chest physiotherapy/steroids/antibiotics if indicated (mainly COPD group)
Repeat ABG pCO2>6.5 kPa pH<7.25
Repeat ABG pCO2>6.5 kPa pH7.25-7.35
Setup MAU/AE Discussion with ITU if suitable (escalation categories 1 or 2)
Setup MAU/AE Transfer to appropriate local area
STEP 3: TREATMENT
COPD/chest wall/ bronchiectasis
Neuromuscular
Obesity/obesity + Other (overlap)
STARTING PRESSURES
IPAP 15 EPAP 4
IPAP 8 EPAP 4
IPAP 15 EPAP 6
AIM TARGET PRESSURES 1ST HOUR
IPAP 20-25 EPAP 4
IPAP 10 EPAP 4
IPAP 20-25 EPAP 8
Recheck ABG after 1 hour (30mins with neuromuscular), check mask fit, synchronisation. If pH<7.35, increase pressures to target below
AIM TARGET PRESSURES 2ND HOUR
IPAP 25-30 EPAP 4
IPAP 12 EPAP 4
IPAP 25-30 EPAP 8
AIM TARGET PRESSURES 3RD HOUR
IPAP 30 EPAP 4
IPAP 16 EPAP 4
IPAP 30+ EPAP 8
STEP 4: REFER
Failure to correct pH after 3 hours with adequate pressures needs ITU referral or earlier if pH or clinical state deteriorating
Designed by The Institute of Clinical Science & Technology
RHIG Version: 1.2
January 2020
STEP 1 INFORMATION: ASSESSMENT
Documentation of care decisions:
1. Requires immediate intubation + ventilation
2. Suitable for NIV and escalation to ITU/intubation
3. Suitable for NIV, but not ITU/intubation
4. Not suitable for NIV, but for full active medical treatment
5. Palliative care
Contra-indications to NIV
Absolute
• Vomiting
• Facial burns/trauma/recent surgery
• Fixed upper airways obstruction
• Undrained pneumothorax
Relative (see care decision)
• Life threatening hypoxaemia
• Severe co-morbidity
• Confusion/agitation
• Inability to protect airway
• Haemodynamically unstable
• Copious secretions
STEP 2 INFORMATION: INITIAL MANAGEMENT
Setup MAU/AE
Use Full face Mask. A good fit is crucial to effective NIV
STEP 3 INFORMATION: TREATMENT
Aim target pressure 1st hour
Increase pressures by 2cm H2O every 10 minutes, except neuromuscular by 1cm
Aim target pressures 3rd hour
3 hour target pressures are dependant on toleration of NIV. Check mask fit and synchronisation