PHYSIOTHERAPY INVOLVEMENT WITH NIV

- Moran et al. (2005) carried out a survey of physiotherapy involvement with NIV in the UK.
- Questionnaire was sent to 305 hospitals with an 88% response rate.
- 97% treated patients on NIV
- 68% assessed suitability of patients for NIV
- 46% set up NIV
NIV INITIATION

• RECOGNISING PATIENTS WHO NEED NIV

• TAKING ABGS

• SETTING UP NIV
PATIENT MANAGEMENT

• TITRATING SETTINGS BASED ON OBJECTIVE MARKERS-  
  ABGS
  TIDAL VOLUMES
  OXYGEN SATS
  RESPIRATORY RATE

• OPTIMISING VENTILATION-  
  MASK FIT
  PATIENT/ VENTILATOR SYNCHROINSATION
PATIENT MANAGEMENT

• AIRWAY CLEARANCE- REDUCING AIRWAY RESISTANCE
  IMPROVING AREAS OF COLLAPSE

• CAN USE NIV AS PART OF AIRWAY CLEARANCE- INCREASING INSPIRATORY VOLUMES
  REDUCING FATIGUE DURING AIRWAY CLEARANCE
WEANING

• THERAPIST LED WEANING:

EVIDENCE MOSTLY COMES FROM CRITICAL CARE:

LIT REVIEW BY AMBROSINO ET AL (2012) SUGGESTS THERAPIST LED WEANING IS EFFECTIVE AND CAN LEAD TO REDUCED TIME ON VENTILATOR AND SHORTER HOSPITAL LENGTH OF STAY

HARLOW ET AL (2012) LOOKED AT 84 NIV PATIENTS WITH PHYSIO LED WEANING PLANS AND FOUND THE NUMBER OF DAYS ON NIV WAS 3.01 COMPARED TO 8.6 DAYS FOR 171 PATIENTS WITHOUT A PHYSIO LED PLAN
WEANING: REHAB

• RESEARCH IN CRITICAL CARE SUPPORTS EARLY REHABILITATION OF PATIENTS WHO HAVE BEEN MECHANICALLY VENTILATED.

• SEVERAL STUDIES SUGGEST EARLY REHABILITATION CAN REDUCE LENGTH OF TIME IN CRITICAL CARE AND HOSPITAL AND REDUCE COMPLICATIONS.

• BAILEY ET AL (2007) FOUND THERE WAS NO REAL RISK OF ADVERSE EFFECTS OF CARRY OUT REHAB IN A CRITICAL CARE ENVIRONMENT WITH PATIENTS VENTILATED FOR 4 OR MORE DAYS (<1%)

• AT PRESENT IT IS UNCLEAR IF WEARING NIV DURING REHAB/ EXERCISE IS BENEFICIAL
REHAB: NICE GUIDELINES

• REHABILITATION AFTER CRITICAL ILLNESS IN ADULTS (CG83):
• IDENTIFYING PATIENTS AT RISK OF DEVELOPING PHYSICAL AND NON PHYSICAL ISSUES
• EMPHASIS ON ASSESSMENTS COMMENCING AS EARLY AS POSSIBLE
• SETTING OF SHORT TERM AND MEDIUM TERM GOALS
• MDT APPROACH
REFERENCES


