

CPAP OR BIPAP: PROCEDURE FOR ESCALATION OF PATIENTS HAVING NON-INVASIVE VENTILATION VIA FACE MASK OR TRACHEOSTOMY - CHW

PROCEDURE[®]

DOCUMENT SUMMARY/KEY POINTS

- A child who has increased home NIV (non-invasive ventilation) requirements in hospital due to acute illness is at high risk of deterioration.
- The patient's observations may appear within the normal range on the SPOC (Standard Paediatric Observation Chart) and may not be recognised outside Between The Flags (BTF) criteria as deteriorating, due to the effect of the NIV escalations
- These children need to be recognised as being unwell and significantly at risk requiring increased nursing and medical monitoring and review.
- The AMO (Admitting Medical Officer) and Paediatric Intensive Care Outreach Service (PICOS) must be informed, at the time, when NIV duration, settings, oxygen or type is altered on the wards or in the Emergency Department
- PICU needs to be aware of these patients at risk of deterioration.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st February 2023	Review Period: 3 years
Team Leader:	Staff Specialist	Area/Dept: General Medical

CHANGE SUMMARY

- Document due for mandatory review
- Escalation procedure flowchart – addition of Medtasker to be used to make contact.

READ ACKNOWLEDGEMENT

- Clinical staff in ED, wards and PICU where NIV occurs are to read and acknowledge they understand the contents of this document.

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Introduction

This guideline was developed following case reviews of incidents involving inpatients on home non-invasive ventilation (NIV). It outlines the parameters requiring an escalation in care and appropriate monitoring and review of these patients. Further details on the CHW non-invasive ventilation policy are available from "[Continuous Positive Airway Pressure \(CPAP\) and BPAP: Treatment Initiation – CHW Procedure](#)".

Patients can have escalations in management, with their observations continuing to appear "Between The Flags" whilst deteriorating from a clinical perspective.

Patients on home non-invasive ventilation admitted to hospital

It is important to document what the child's usual/home settings are. Details can either be ascertained from the family or can be checked on Power Chart (Respiratory Management Plan) for patients known to Sleep Medicine service via Clinical Notes on Nursing View -> Management plan.

Children will sometimes be discharged from PICU or ED with an increase of support from their usual baseline and be transferred to the ward for further weaning of NIV. A patient transferred to the ward with an increased level of support from their baseline should be notified to the AMO upon transfer.

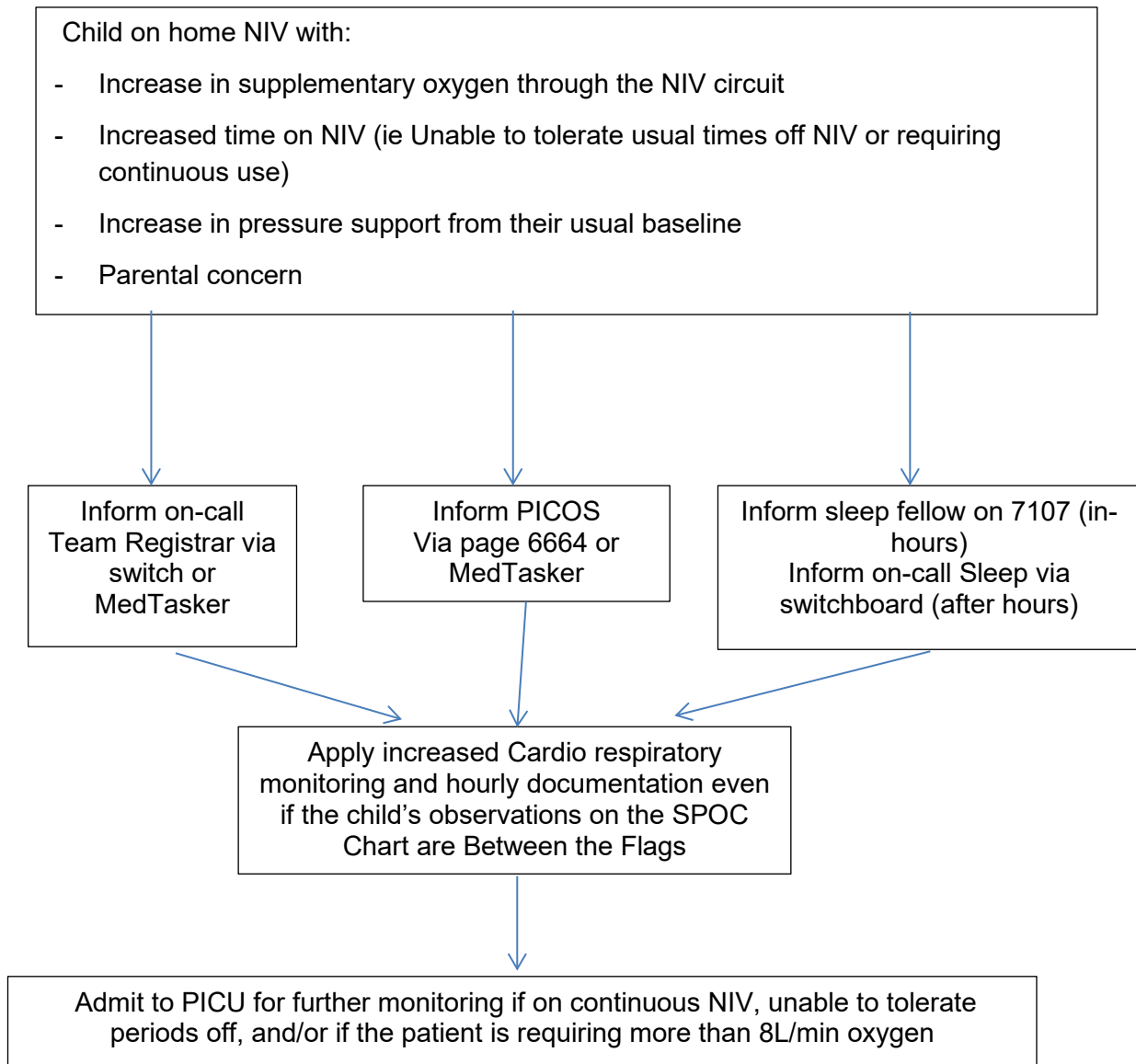
The following parameters require escalation of care:

1. Increase in the duration of time that the child requires NIV (e.g. if the child is normally only on CPAP for sleeps, and is now requiring during awake periods)
2. Any child on continuous NIV currently on the ward should be notified by Medical Officer to PICOS and consideration for admission to PICU.
3. Increase in pressure support, including changes from CPAP to BiPAP, during acute deterioration
4. Additional oxygen therapy to existing pressure support. If the child is requiring more than 4L/min of supplementary oxygen, Sleep Medicine and PICOS should be notified to consider increasing pressure settings.
5. Parental concern

Escalation:

1. Inform AMO and the sleep consultant on call
2. Apply increased monitoring (continuous saturations monitoring) and increased frequency of observations
3. Notify PICOS for review
4. Sleep Team should be considered as AMO2 in these patients requiring additional support

Escalation procedure flow chart



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