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 Unit (PICU) Outreach Team must be informed, at the time, when NIV duration, settings, oxygen or type is altered on the wards.
- PICU needs to be aware of these patients at risk of deterioration.

CHANGE SUMMARY

- N/A – new document

READ ACKNOWLEDGEMENT

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

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 & Guideline Committee	
Date Effective:	1st July 2017	**Review Period:** 3 years
Team Leader:	Staff Specialist	**Area/Dept:** General Medical

Introduction

This is a guideline 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 PowerChart for patients known to our service via Clinical Notes > Respiratory Service > Respiratory Support Service.

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:

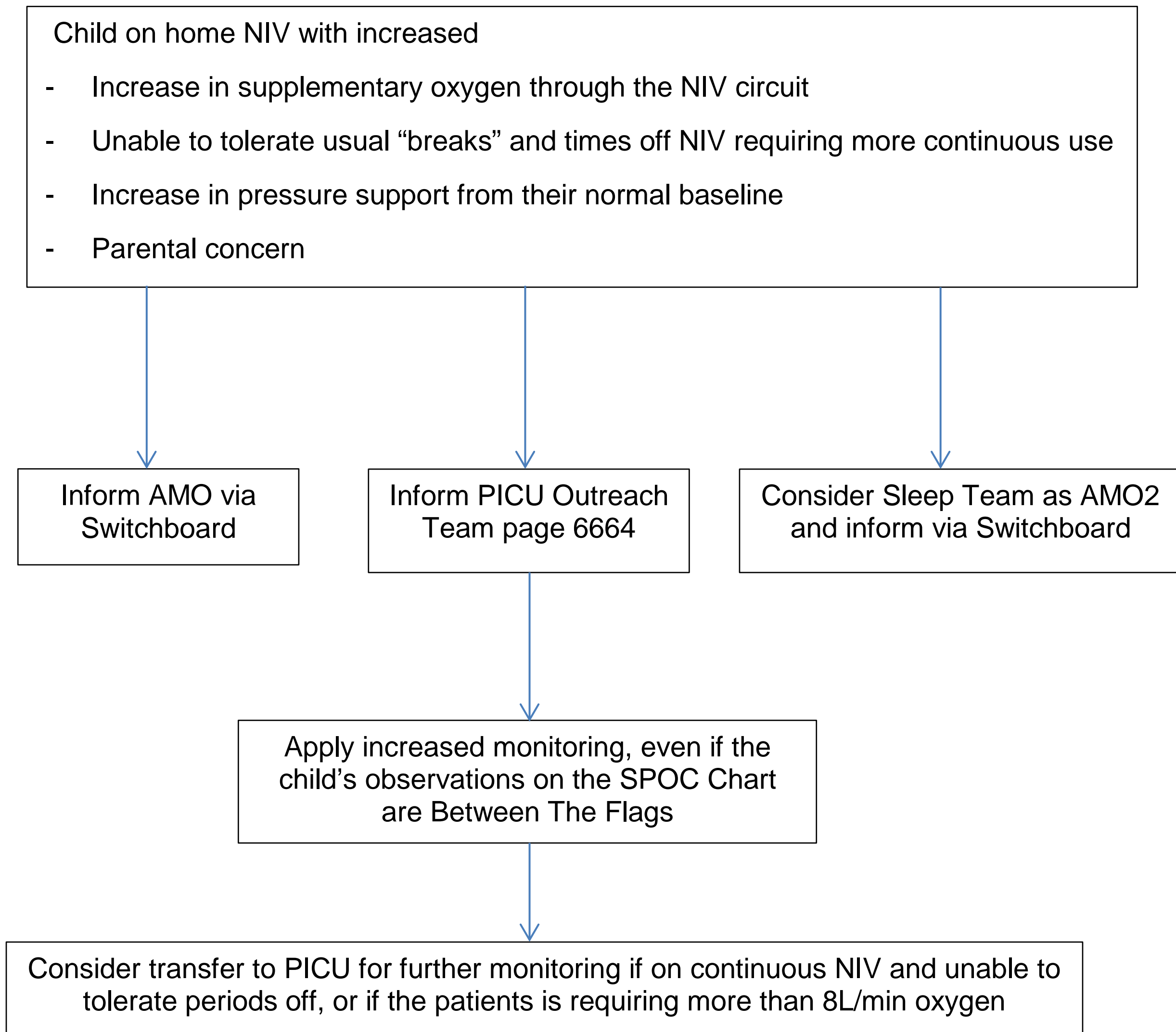
1. Increase in the duration of time that the child requires NIV (e.g. if the child is normally only on CPAP at night, and is now requiring during awake periods)
2. Any child on continuous NIV, who is not tolerating time off NIV on the wards, should be notified to PICU for consideration for admission
3. Increase in pressure support from baseline
4. Additional oxygen therapy to existing pressure support. If the child is requiring more than 8L/min of supplementary oxygen, PICU Outreach and Respiratory Support Service should be notified to consider increasing pressure settings.
5. Change from CPAP to bi-level support
6. 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 PICU Outreach for review
4. Sleep Team should be considered as AMO2 in these patients requiring additional support

This Policy/Procedure may be varied, withdrawn or replaced at any time. Compliance with this Policy/Procedure is mandatory.

Escalation procedure flow chart



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