Congresso Regionale SIMEU Emilia Romagna 2017

TEAM WORKING IN EMERGENZA-URGENZA: DAL TERRITORIO ALLA MEDICINA D'URGENZA IN UN LAVORO DI EQUIPE MULTIPROFESSIONALE E MULTIDISCIPLINARE

Tavola rotonda: "Ventiliamo dunque siamo…" gestione del paziente in NIV in Medicina d'Urgenza: diversi modelli organizzativi a confronto

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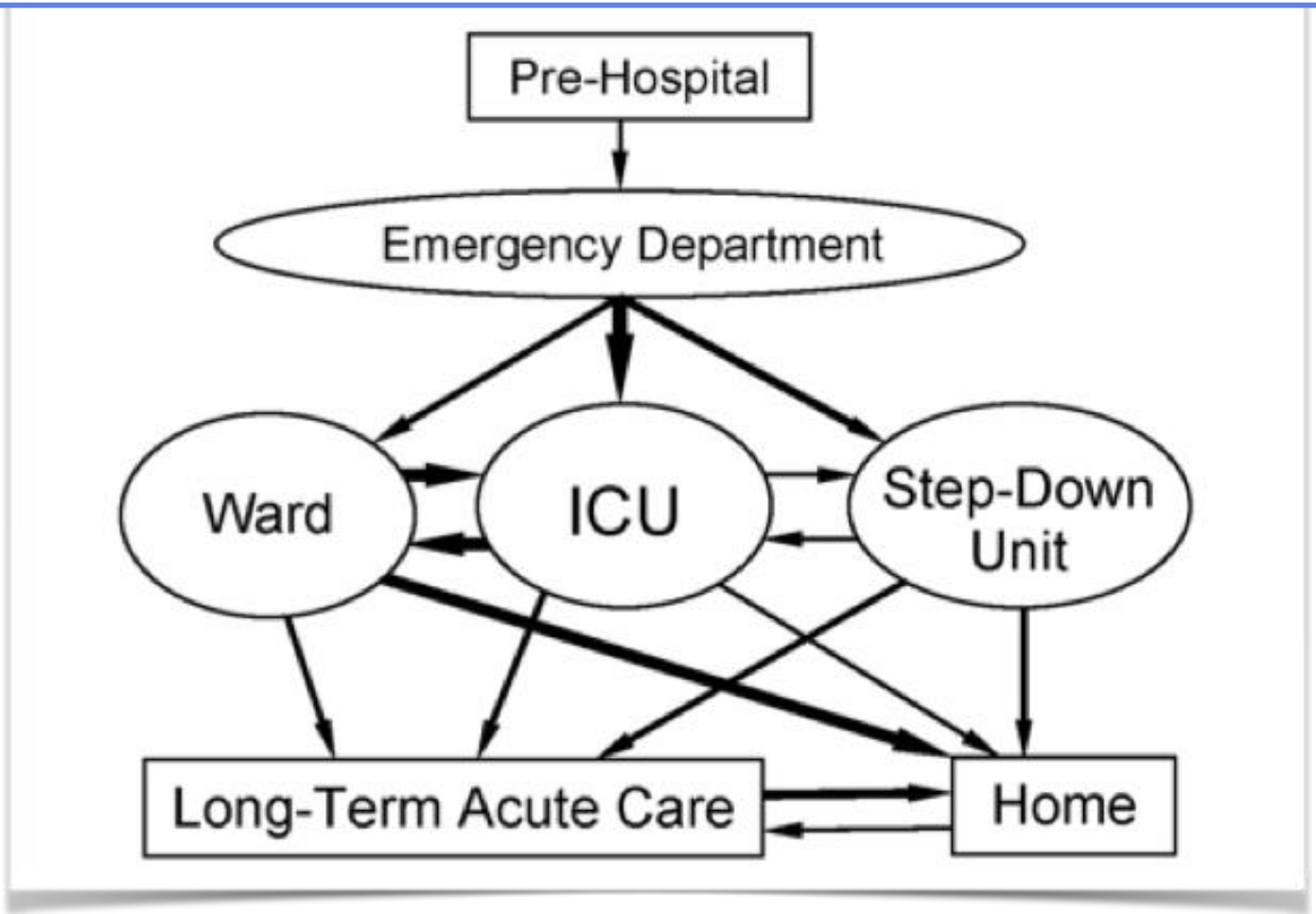
Where Should Noninvasive Ventilation Be Delivered?



Hill N, Resp Care 2009; 54: 62-70

WHERE SHOULD NONINVASIVE VENTILATION BE DELIVERED?

Table 1. Advantages and Disadvantages of Locations for NIV in Acute and Subacute Conditions

Location	Advantages	Disadvantages
Pre-hospital	Rapid application	Limited equipment and monitoring Lack of evidence
Emergency department	Rapid application Close monitoring in high-intensity room	Temporary location Staff may lack NIV skill and experience
Intensive care unit	1:1 nurse/patient ratio, usually with dedicated respiratory therapist Maximal monitoring capabilities	Resource-intensive and excessively costly for stable patients Beds in short supply
Step-down unit	1:2 to 1:4 nurse/patient ratio and central monitoring available Often have dedicated respiratory therapist Develop specialized NIV skills and suitable for most acute NIV applications	Many hospitals lack such units Excessive resource-use for stable patients NIV skills differ between units
General ward	Suitable for stable patients for more efficient use of resources Beds more often available than in ICU or step-down unit Some offer central monitoring, have NIV skills	Not suitable for patients who require close monitoring Many lack experience or skill with NIV
Long-term acute care	Good location for transitioning from tracheostomy to NIV More time to initiate stable long-term patients on NIV Rehabilitation and physical therapy services available	Not suitable for acutely ill patients Many lack experience and skill with NIV

NIV = noninvasive ventilation

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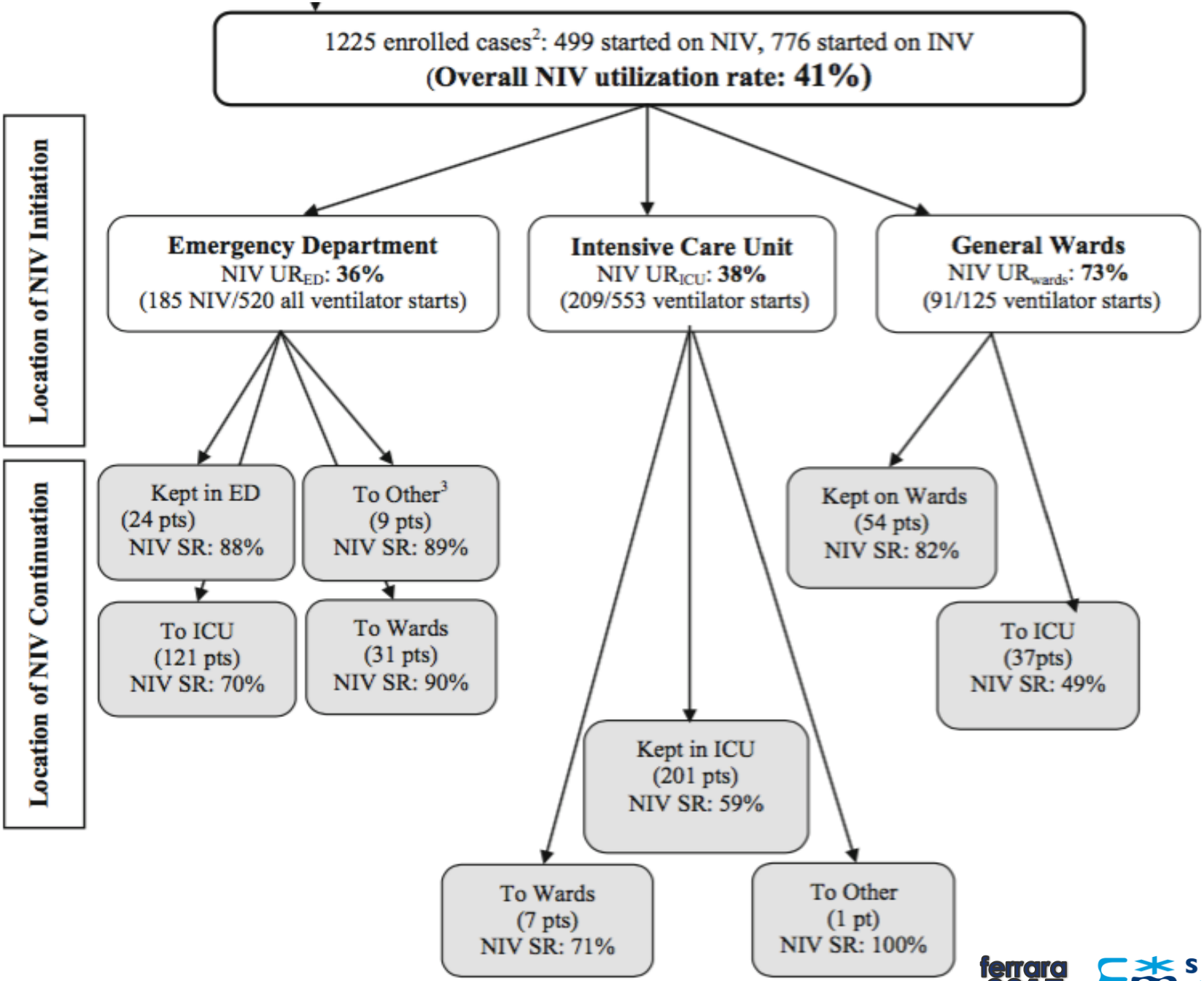
1225 enrolled cases[2]: 499 started on NIV, 776 started on INV
(Overall NIV utilization rate: 41%)
Location of NIV Initiation
Location of NIV Continuation
Emergency Department
NIV UR$_{ED}$: 36%
(185 NIV/520 all ventilator starts)
Intensive Care Unit
NIV UR$_{ICU}$: 38%
(209/553 ventilator starts)
General Wards
NIV UR$_{wards}$: 73%
(91/125 ventilator starts)
Kept in ED
(24 pts)
NIV SR: 88%
To Other[3]
(9 pts)
NIV SR: 89%
To ICU
(121 pts)
NIV SR: 70%
To Wards
(31 pts)
NIV SR: 90%
Kept on Wards
(54 pts)
NIV SR: 82%
To ICU
(37pts)
NIV SR: 49%
Kept in ICU
(201 pts)
NIV SR: 59%
To Wards
(7 pts)
NIV SR: 71%
To Other
(1 pt)
NIV SR: 100%


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