

Adult Non-Invasive Ventilation (NIV) Care Bundle

Is NIV indicated? Does the patient have an acute respiratory acidosis (pH <7.35, PaCO₂ >6.5) or have an increased work of breathing?

- pH < 7.35 AND PaCO₂ > 6.5
 Clinically increased work of breathing
 Other:

NIV is a supportive measure only - treat the underlying medical cause. Has the patient had an hour of appropriate medical therapy?

(For example for COPD - nebulisers, steroids, controlled oxygen therapy, Abx)

- Yes No

If "No", please provide appropriate medical management

NIV should be delivered in a safe clinical environment. Is the patient in a designated NIV area?

- Yes No

If No, has a transfer been arranged?

- Yes
 No

Has NIV been explained to the patient +/- their relative and appropriate information provided?

- Yes No

Has a shared decision been discussed with the patient (+/- their relative) and documented regarding ceiling of care/escalation of treatment if NIV fails?

If YES: Please document what was discussed. "Please document in the EC & treatment plan and resus status form"

If NO: Please ensure joint decision making has been considered

- Yes No

If NIV is not appropriate or not wanted, have you considered palliative referral and end of life care?

- Yes
 No
 N/A

To prescribe NIV, click on the medication list tab and search BiPaP

NIV Prescription Complete:

- Yes No

Right click NIV Prescription complete to access Trust guidelines via reference text