8.09 An Audit of Non-Invasive Ventilation Practices in a Model 3 Hospital.

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Timely use of NIV in Acute Hypercarbic Respiratory Failure (AHRF) has been linked with a more rapid clinical improvement and a reduction in mortality. BTS recommends all hospitals have a AHRF pathway.

We assessed compliance with BTS guidelines in MRHT, assessing the timing of initiation, ABG monitoring and titration of settings and weaning of NIV. Currently the management of NIV is limited in the high dependency care units.

A retrospective chart review was carried out. Of the 12 patients, median time median time between the first ABG identifying AHRF and commencement of NIV was 150 mins. 50% of patients did not have an ABG analysed withing the first 60 mins of NIV initiation. No patients had a documented plan for the timing of ABGs or weaning of NIV. 66% of patients had a documented ceiling of care.

The results indicate delays in the initiation of NIV and poor compliance with BTS guidelines in the monitoring and weaning of NIV in AHRF. A delay in accessing a critical care bed is one of the limiting factors contributing to the timely reassessment and titration of NIV. An NIV pathway has been developed in MRHT to progress the use of NIV to dedicated beds in wards, aiming to improve adherence to best practice management.