

label	Answers
Is there any other intervention/support strategy that you feel is very important?	<p>Sepsis preventive strategies (IPC)</p> <p>Monitoring of adequacy of oxygenation / ventilation</p> <p>No</p> <p>Screening at the peripheral level for the need of oxygen therapy and categorizing the patients with low cost point of care devices by frontline workers</p> <p>Physiotherapy and mobilization Aerosolized interventions - surfactant, furosemide</p> <p>No</p> <p>NIV and target oxygenation thresholds are the ones that need standardization.</p> <p>Biological mechanisms of respiratory failure</p> <p>NMBA</p> <p>Nutritional support Hyperglycemia management in critically ill patients</p> <p>Hyperlipidemia management in critically ill patients</p> <p>Boussignac CPAP (Vygon) is a low cost easy to use facemask CPAP-like system that connects to an oxygen flowmeter and generates flow dependent pressure (15 LPM generates 5cm H2O). It is used mostly for cardiogenic pulmonary oedema. It is unclear if this device would be beneficial in non-cardiogenic hypoxaemic respiratory failure.</p> <p>None</p> <p>Bain Circuit CPAP</p> <p>Triaging patients</p> <p>Monitoring patients on mechanical ventilation</p> <p>what is important is to investigate escalation strategies and AI guide strategies</p> <p>IMPLEMENTATION OF SAFE RESPIRATORY SUPPORT AND DEVELOPING HUMAN RESOURCE CAPACITATION</p> <p>Strategic oxygen access to LMICs</p> <p>1. Home based long term oxygen therapy services 2. Pulmonary rehabilitation services 3. Strengthening primary health centres to provide primary care for Asthma and COPD. Currently these services are only available at secondary and tertiary levels 4. Community education on chronic lung diseases, on prevention, health seeking behaviour, and community/home management</p> <p>Mobile oxygen systems including solar powered technology AI and Oxygen delivery</p> <p>CRRT in septic shock and multi organ failures. Plasmapheresis in GBS or Myasthenia crisis.</p> <p>Real-time monitoring methods including hemodynamic status</p> <p>Personalization of respiratory support strategies</p> <p>Head up position Diuretic Inhalation therapy ET CO2</p> <p>Use of diuretics in massive pulmonary oedema/fluid overload Nebulizer therapy in severe asthmatic attacks Use of cortico-steroids in Pneumonia complicated with septic shock. etc.</p> <p>Early mobilisation and physiotherapy</p> <p>Oxygen provision and utilisation Effective physiotherapeutic and source control strategies for LRTI Safe use of chest drains Microbiological sampling to optimise diagnosis and antimicrobial stewardship Prehab and rehab strategies for individuals with chronic respiratory disease Treatment escalation planning for patients who are nearing end of life.</p> <p>End of life decision making discussions with patients with chronic lung diseases before patients deteriorate requiring oxygen support and family involvement strategies.</p> <p>Pulmonary rehabilitation/physiotherapist involvement strategy in patients on oxygen support</p> <p>Adjunctive mobility/ rehabilitation for patients receiving supplemental oxygen</p>