label	Answers
Is there any other intervention/support strategy that you feel is very important?	Sepsis preventive strategies (IPC) Monitoring of adequacy of oxygenation / ventilation No 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 Physiotherapy and mobilization Aerosloized interventions - surfactant, furosemide No NIV and target oxygenation thresholds are the ones that need standardization. Biological mechanisms of respiratory failure NMBA Nutritional support Hyperglycemia management in critically ill patients Hyperlipidemia management in critically ill patients 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. None Bain Circuit CPAP Triaging patients Monitoring patients on mechanical ventilation what is important is to investigate escalation strategies and AI guide strategies IMPLEMENTATION OF SAFE RESPIRATORY SUPPORT AND DEVELOPING HUMAN RESOURCE CAPACITATION Strategic oxygen access to LMICs 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 Mobile oxygen systems including solar powered technology AI and Oxygen delivery CRRT in septic shock and multi organ failures. Plasmapheresis in GBS or Myasthenia crisis. Real-time monitoring methods including hemodynamic status Personalization of respiratory support strategies Head up position Diuretic Inhalation therapy ET CO2 Blood components transfusion indications and outcomes Optimal nebuliser therapy for mechanically ventilated patients performance of oxygen saturation probes in patients with different skin colour NONE Psychosocial support Hyperbaric oxygen Chambers 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. Early mobilisation and physiotherapy 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. End of life decision making discussions with patients with chronic lung diseases before patients deteriorate requiring oxygen support and family involvement strategies. Pulmonary rehabilitation/physiotherapist involvement strategy in patients on oxygen support

label	Answers
	Adjunctive mobility/ rehabiltation for patients receiving supplemental oxygen
	Chest physiotherapy
	It is very clear the APRV when applied correctly has many benefits to improve patient outcome. Not only does it increase gas exchange efficiency (both oxygenation and ventilation) improving V/Q matching, Crs, and lung aeration homogeneity while using a lower mechanical power, it improves systemic hemodynamics reducing vasopressor requirements and is more comfortable allowing patients to be awake and mobilized. This MV strategy should be popularized as it has the potential to reduce mortality and need for ECMO, while also shortening LOS in ICU and on MV.
	I think the timing of all of the intervention/support listed in the previous question is very important.
	Patient and family engagement in providing Quality of Life goals concordant care in ICU
	family support
	Not at this point
	Whether rehabilitation works to improve oxygeneation
	Participation in toilet/hygiene as prevention of and recovery from respiratory decompensation
	Neuromuscular blocker support
	Antimicrobials, Nutrition support
	Use of Albuterol
	Training of support personnel
	NEBULIZATION PULMONARY THERAPY HOME VENTILATION
	Respiratory system have its own impact on the whole body ,so comorbidities should be managed timely (interorgan cross talk)
	No
	No
	Saturation checks constantly
	Respiratory mechanics assessment and synchrony with invasive mechanical ventilation. When to liberalize targets when weaning invasive support.
	Checking oxygen saturation
	Provision of high function oxygen support equipment with a quick follow up training on how to use them
	Nutritional support is very important
	Aseptic measures