

START  
HERE

# Non Invasive Management

V60  
V680  
EV300

## Prepare

### Considerations

1. Head of the bed > 30
2. Select the correct mask and size.
  - Dual limb circuit = non vented mask without anti asphyxia valve.
  - Single Limb circuit = non vented mask WITH anti-asphyxia valve.
3. Complexities
  - NG tube
  - Facial Hair
  - Dentures

1



## Initiate

### BiPAP:

IPAP: 10-12 (MAX 20 cmH2O)  
EPAP: 5-6 (MAX 10 cmH2O)  
BUR: 4-10 breaths/min

\* Monitor Leak to ensure a good mask seal\*

FiO2: Adjust to keep SpO2 > 90% or as ordered

2



## Titrate

### To Improve WOB:

↑ IPAP by 1-2 cmH2O Q5Min  
\* Aim to improve Vt or lower RR

### To Improve Oxygenation:

1. Adjust FiO2 up to 50%
2. ↑ PEEP in increments of 2 cmH2O (MAX 12cmH2O)
  - a. Be mindful to ↑ IPAP by the same ↑ in PEEP to keep PS the same

3



## Wean

### WOB

↓ IPAP by 1-2 cmH2O as RR, Vt and WOB improve and stabilize

↓ PEEP and FiO2 proportionally as oxygenation improves

### Considerations:

1. Why did the patient require NIV?
2. Are we fixing the cause?
3. Once the patient is closer to the initiated settings, consider trialing off NIV.

4



START  
HERE

# Non Invasive Management

Monnal  
T60  
PB 980

## Prepare

### Considerations

1. Head of the bed  $> 30$
2. Select the correct mask and size.
  - Dual limb circuit = non vented mask without anti asphyxia valve.
3. Complexities
  - NG tube
  - Facial Hair
  - Dentures

1



## Initiate

### Spont NIV:

PS: 8-10 (MAX PIP 20 cmH<sub>2</sub>O)

PEEP: 5-6 (MAX 10 cmH<sub>2</sub>O)

BUR: 4-10 breaths/min

\* Monitor Leak to ensure a good mask seal\*

FiO<sub>2</sub>: Adjust to keep SpO<sub>2</sub>  $> 90\%$  or as ordered

2



## Titrate

### To Improve WOB:

↑ PS by 1 - 2 cmH<sub>2</sub>O Q5Min

\*Aim to improve Vt or lower RR

### To Improve Oxygenation:

- Adjust FiO<sub>2</sub> up to 50%
- ↑ PEEP in increments of 2 cmH<sub>2</sub>O (MAX 12 cmH<sub>2</sub>O)

\*MAX PIP 20 cmH<sub>2</sub>O\*

3



## Wean

### WOB

↓ PS by 1-2 cmH<sub>2</sub>O as RR, Vt and WOB improve and stabilize

↓ PEEP and FiO<sub>2</sub> proportionally as oxygenation improves

### Considerations:

1. Why did the patient require NIV?
2. Are we fixing the cause?
3. Once the patient is closer to the initiated settings, consider trialing off NIV.

4

