

## **IPPB using an ICU Ventilator**

Patients should be assessed on an individual basis as to whether IPPB via the ventilator is appropriate. This assessment should be made by the physiotherapist, senior staff nurse or consultant.

### **Indications for use**

- Lobar collapse
- Secretion retention / ineffective cough
- Aspiration
- Atelectasis
- Recent extubation

### **Contraindications**

- Undrained pneumothorax
- Frank haemoptysis
- Facial fractures (use mouthpiece)
- Raised intra-cranial pressure
- Active TB/ H1N1 (unless local infection control practices in place)
- Lung Abscess
- Emphysema
- Presence of bullae
- Upper bronchial tumours
- Deranged Platelets

### **Cautions**

- Recent upper GI Surgery
- Rib Fractures
- Recent central line insertion
- CVS Instability
- Recent drain removal (chest or pericardial)

IPPB machines are limited. Ventilators can be used for this treatment<sup>1</sup>. Using the ventilator has the added advantages of being able to accurately measure tidal volumes, lung compliance and matching oxygen delivery.

### **Reasons to discontinue use of IPPB**

- Unstable CVS
- ↑ Drowsiness
- ↑ Pain - unable to be controlled by analgesia
- ↑ Agitation / patient unable to comply

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