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

Cautions

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

Contraindications

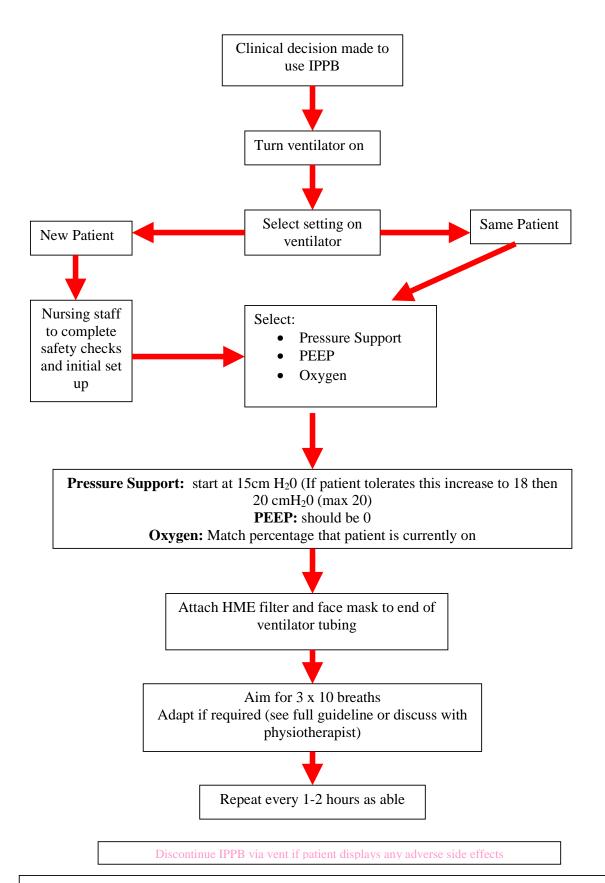
- Undrained pneumothorax
- Frank haemoptysis
- Facial fractures (use mouthpiece)
- Raised intra-cranial pressure
- Active TB/ H1N1 (unless local infection control practices in place)
- Lung Abscess
- Emphysema
- Presence of bullae
- Upper bronchial tumours
- Deranged Platelets

IPPB machines are limited. Ventilators can be used for this treatment¹. 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

1



Troubleshooting: If no tidal volume is present on ventilator screen check for leaks around mask, consider adding pressure around potential areas of leak or using a smaller/larger mask