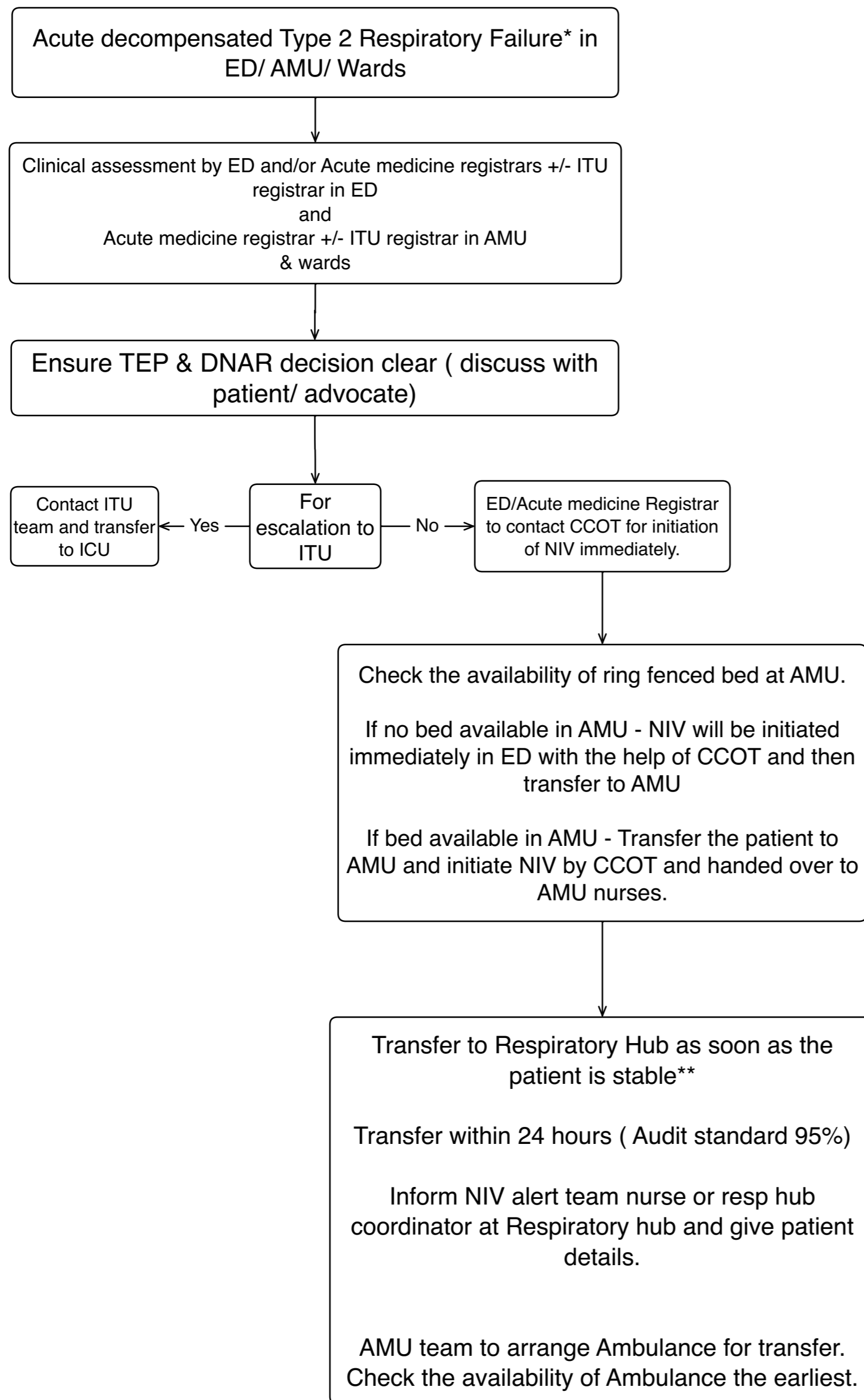


Respiratory Failure Pathway in ceiling (not for intubation) patients at SWBH - Non COVID

(This pathway is valid for the period from April 2022 to October 2022 - pilot NAT nurses at city hospital)

Sandwell Hospital - NIV



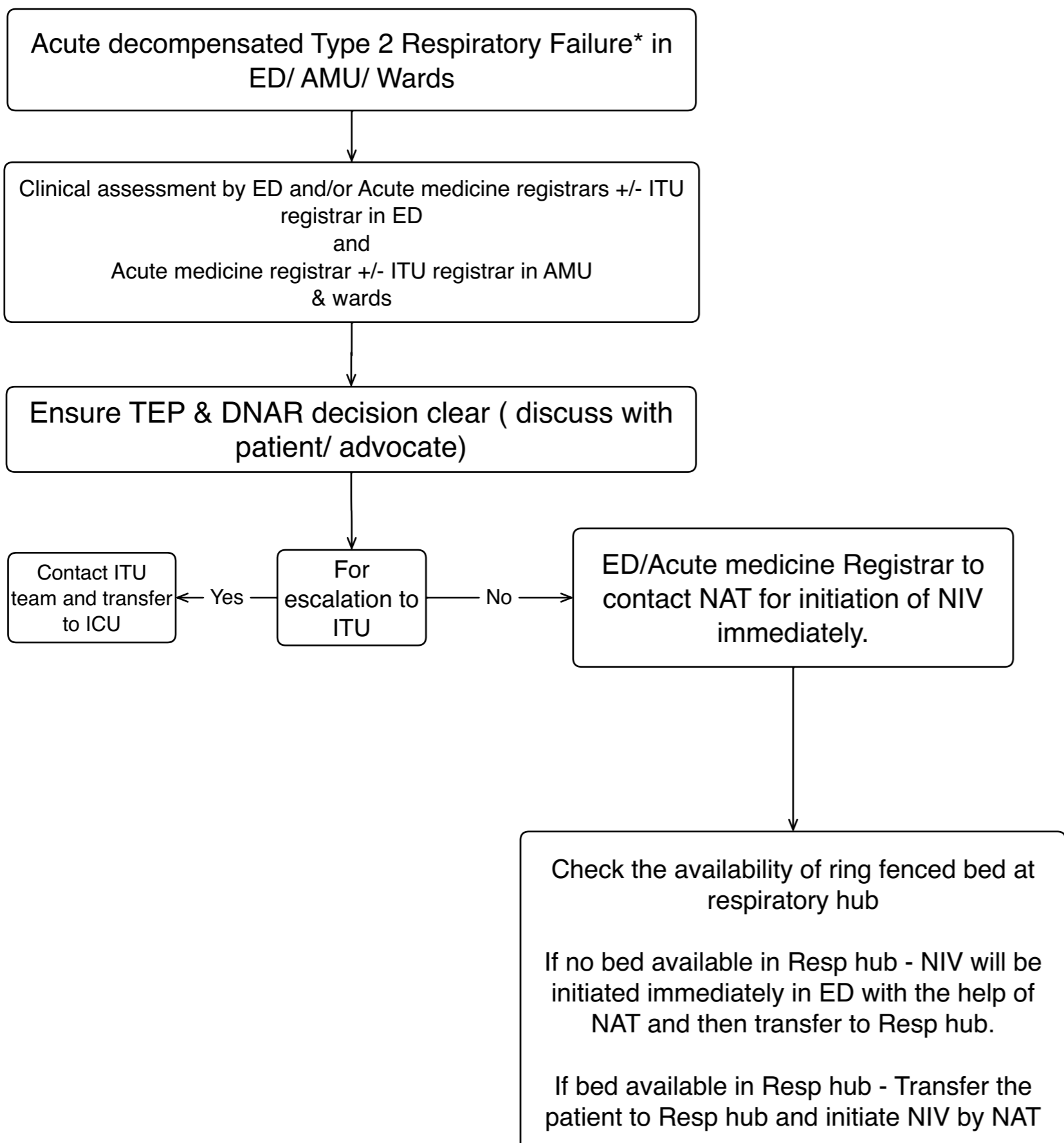
- T2RF ***
- COPD exacerbation
 - Restrictive lung function due to chest wall deformity, diaphragmatic paralysis
 - Neuromuscular disease
 - Decompensated obstructive sleep apnoea
 - Hypoventilation syndromes (obesity, COPD)

- Titrate the oxygen to aim the target saturation of 88-92%
- NIV should be initiated within 60 min of the blood gas result associated with the clinical decision to provide NIV and
- NIV should be initiated within 120 min of hospital arrival for patients who present acutely.

- **Definition of stable NIV that can be transferred from Sandwell to Respiratory Hub:**
- Improvement in acidosis (pH equal to or greater than 7.35) &
1. Clinically stable for > 4 hours
 2. Respiratory rate <24 breaths/min
 3. Heart rate <110 beats/min
 4. H+ < 45 nmol/lit (on ABG)
 5. SpO2 >88% on 4L oxygen when on NIV (Any deviation from 1-5 would need input of senior clinician)

NAT - NIV Alert Team Nurse bleep: 5192 (Available 8am to 8pm Monday to Sunday)
 Respiratory Hub coordinator: 07817087237 (Contact after 8pm till 8am)
 Critical care outreach bleep: 6234
 Respiratory Reg bleep: 6517

City Hospital - NIV



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 Critical care outreach bleep: 6000
 Respiratory Reg bleep: 5188