NIV ESTABLISHMENT PRESCRIPTION AND CHECKLIST

Waitemata District Health Board
Te Wai Awhina

Date Issued: December 2012

NIV at WDHB can be set up during normal working hours after consultation with respiratory physician and in ED under direction of EM SMO at any time

SMO authorising NIV therapy

Dr: …….. ***Signature***……

NEWS SCORE Adaptation

Titrate FiO_2.....% - ……%
To maintain oxygen saturations between

SpO2 ≥ ---------- % & ≤ ---------- %
HR ≤ ----------
RR ≤ ----------

Date	Time	Current Diagnoses	PMHx
Admitting Dr			
Admission from			

- ☐ For Resus
- ☐ Not for Resus
- ☐ For ICU input (If deteriorates) (discussed with ICU)
- ☐ Not for ICU input
- ☐ NEWS SCORE (*Vital sign parameters adjusted)*
- ☐ Plan of care if NIV fails (*plan discussed with patient & family and documented*)

ABG should be repeated 1-2 hours after starting NIV and changes to prescriptions discussed with respiratory physician, EM SMO or ICU

PRIOR TO COMMENCING NIV

- ☐ Patient consents to treatment (if unable to consent deemed in best interest of patient)
- ☐ Chest x-ray done and result checked
- ☐ ABG – does it show respiratory acidosis (ie: pH< 7.35, PaCO2 >6 kpa)
- ☐ No contraindications to NIV

Vented Masks Only

Name…… Type……..

Size……

PRESCRIPTION

MODE OF VENTILATION

Pathology ☐ Obstructive
☐ OHS

☐ BiPAP ☐ CPAP

Mode ……

IPAP …… EPAP……

Backup Breaths/min …….

CPAP ……

First Name: _____ Gender: _____
Surname: _____
Date of Birth: _____ NHI#: _____
Ward/Clinic: _____ Consultant: _____

AFFIX PATIENT LABEL HERE

Date & Time	IPAP ↑↓	EPAP (CPAP) ↑↓	MODE	B/Up Rate	FiO2	SpO2	ABG ☑ ☒	Skin & Mask integrity ☑ ☒	REASON FOR CHANGES	DR Authorising Changes	Nurses Name	Nurses Signature

DRAFT

[redacted]

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Te Wai Awhina

First Name: _____ Gender: _____
Surname: _____
Date of Birth: _____ NHI#: _____
Ward/Clinic: Consultant:

AFFIX PATIENT LABEL HERE

Date & Time		IPAP ↑↓	EPAP (CPAP) ↑↓	MODE	B/Up Rate	Titrate O2 / l.p.m	SpO2	ABG ☑ ☒	Skin & Mask integrity ☑ ☒	REASON FOR CHANGES	DR Authorising Changes	Nurses Name	Nurses Signature

DRAFT