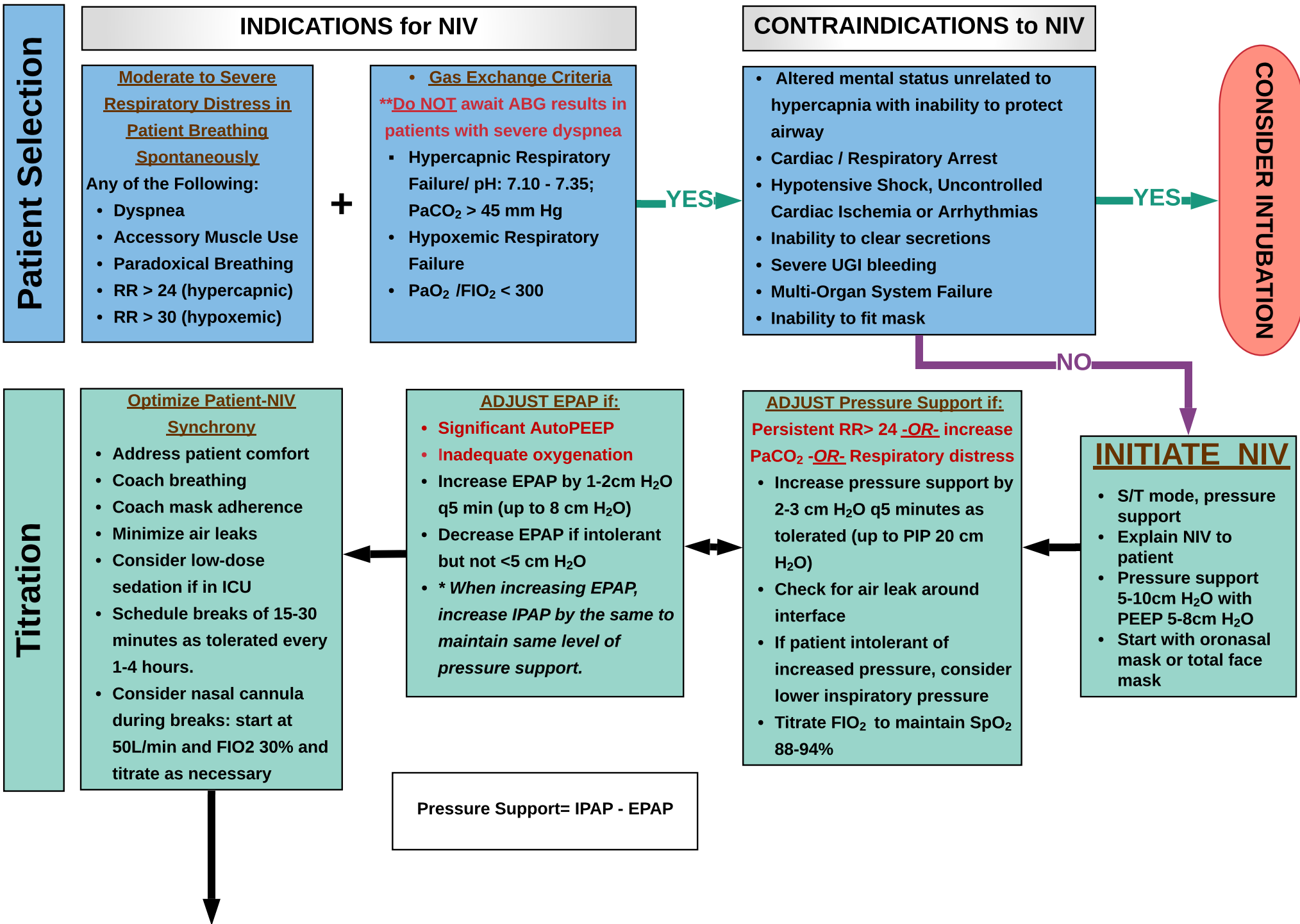


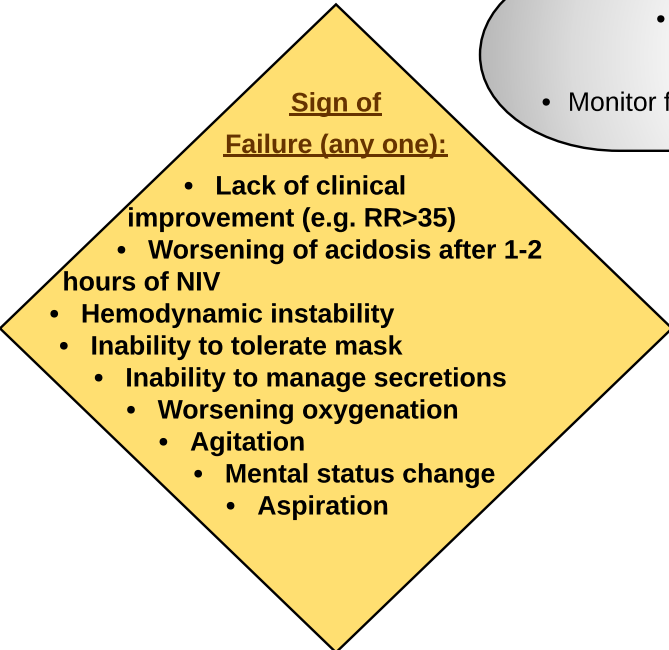
Application of Noninvasive Ventilation (NIV) for COPD Exacerbation



Monitoring

Assess every 30-60 min. until stable and clinically indicated:

- Comfort and tolerance
- Vital signs (especially RR)
- Neck muscle activity
- NIV settings
- Interface fit and air leak
- Patient – NIV Synchrony
- Tidal volume (6-8 ml/Kg)
- SpO₂ 88-94%
- Consider ABG at 30-60 minutes and as needed



Nursing/respiratory care attention

- Monitor for gastric distention
- Admin bronchodilators
- Monitor for drying eyes or facial skin breakdown

CONSIDER INTUBATION

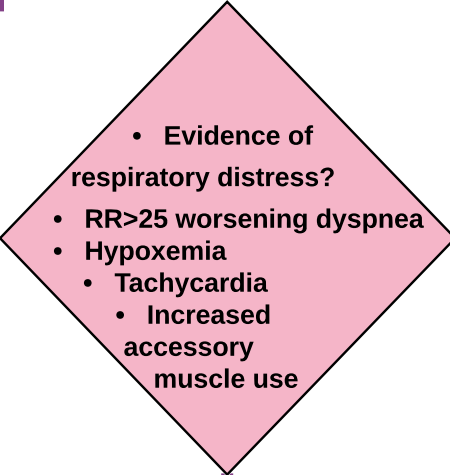
REQUEST IMMEDIATE EXPERT CONSULTATION

Weaning

After 2 or more hours:
Assess readiness to wean

- RR < 24
- HR < 110 b/m
- Compensated pH > 7.35
- SpO₂ ≥90% on ≤40% FIO₂

Attempt trial off NIV with O₂ adjusted for SpO₂ 88-94% and gradually extend weaning as tolerated



DISCONTINUE NIV WHILE MONITORING CLOSELY

Restart NIV at Previous Settings

