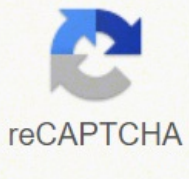




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## What does niv mean in medical terms

Non-invasive ventilation delivered by a oronasal mask Non-invasive ventilation (NIV) is the delivery of oxygen (ventilation support) via a face mask and therefore eliminating the need of an endotracheal airway.[1] NIV achieves comparative physiological benefits to conventional mechanical ventilation by reducing the work of breathing and improving gas exchange.[2] Research suggests that noninvasive ventilation after early extubation looks helpful in reducing the total days spent on invasive mechanical ventilation.[3] The intervention is recognised as an effective treatment for respiratory failure in chronic obstructive pulmonary disease, cardiogenic pulmonary oedema and other respiratory conditions without complications such as respiratory muscle weakness, upper airway trauma, ventilator-associated pneumonia, and sinusitis.[1][4] NIV works by creating a positive airway pressure - the pressure outside the lungs being greater than the pressure inside of the lungs. This causes air to be forced into the lungs (down the pressure gradient), lessening the respiratory effort and reducing the work of breathing[5]. It also helps to keep the chest and lungs expanded by increasing the functional residual capacity (the amount of air remaining in the lungs after expiration) after a normal (tidal) expiration; this is the air available in the alveoli available for gaseous exchange[6]. There are two types of NIV non-invasive positive-pressure (NIPPV) and Negative-Pressure Ventilation (NPV). For anatomy of the lungs see here Non-Invasive Positive-Pressure[edit | edit source] NIPPV describes the delivery of oxygen at either constant or variable pressures via a face mask, such as Bi-level Positive Airway Pressure (BiPAP) and Constant Positive Airway Pressure (CPAP) [7] CPAP[edit | edit source] CPAP is the most basic level of support and provides constant fixed positive pressure throughout inspiration and expiration, causing the airways to remain open and reduce the work of breathing[8]. This results in a higher degree of inspired oxygen than other oxygen masks. When indicated for home use it is usually via a low flow generator and is commonly used for patients requiring nocturnal CPAP for sleep apnoea[9]. High flow systems used in a hospital environment are designed to ensure that airflow rates delivered are greater than those generated by the distressed patient[9]. As well as having an effect on respiratory function it can also assist cardiac function where patients have a low cardiac output with pre-existing low blood pressure[9]. It is also commonly used for severe obstructive sleep apnoea and also for type 1 respiratory failure, for example, acute pulmonary oedema (by recruiting collapsed alveoli). Indications[edit | edit source] When a patient remains hypoxic despite medical intervention Atelectasis - Complete or partial collapse of a lung or lobe[10] Rib fractures - to splint the rib cage open, to stabilise the fracture and prevent damage to the lung[10] Type 1 respiratory failure Congestive Heart Failure Cardiogenic pulmonary oedema Obstructive sleep apnoea Pneumonia: as an interim measure before invasive ventilation or as a ceiling of treatment Nasal CPAP is more commonly used with infants.[1 1] BiPAP[edit | edit source] NIV is often described as BiPAP, however, BiPAP is actually the trade name. As the name suggests provides differing airway pressure depending on inspiration and expiration. The inspiratory positive airways pressure (iPAP) is higher than the expiratory positive airways pressure (ePAP)[12]. Therefore, ventilation is provided mainly by iPAP, whereas ePAP recruits underventilated or collapsed alveoli for gas exchange and allows for the removal of the exhaled gas. In the acute setting, NIV is used in type 2 respiratory failure (for example in a COPD exacerbation), with respiratory acidosis (pH < 7.35)[13]. Indications[edit | edit source] Type II respiratory failure Acidotic exacerbation of chronic obstructive pulmonary disease (COPD)[14] Increased work of breath causing ventilatory failure, for example, hypercapnia (increased CO2 in arterial blood gas), fatigue or neuromuscular disorder Weaning from tracheal intubation Negative-Pressure Ventilation (NPV)[edit | edit source] Negative-pressure ventilators provide ventilatory support using a device that encases the thoracic cage, such as the iron lung. Although not seen as much in today's society they were popular in the first half of the twentieth century during the polio epidemic. They work by lowering the pressure surrounding the thorax, creating subatmospheric pressure which passively expands the chest wall to inflate the lungs. Exhalation occurs with passive recoil of the chest wall. Their use is still indicated in chronic respiratory failure. The three types used each with their own advantages and disadvantages[15]: The earliest version is the tank ventilator, more commonly known as the iron lung. It is a large cylindrical device that encases the patient's body with only the head visible, a neck collar provides an airtight seal The poncho-wrap is an airtight bodysuit using a rigid metal framework covered with an airtight nylon parker that surrounds the trunk The cuirass is made up of a rigid fibreglass shell which fits over the chest wall and upper abdomen Contraindications of NIV[edit | edit source] Coma Undrained pneumothorax Frank haemoptysis Vomiting blood (haematemesis) Facial fractures Cardiovascular system instability Cardiac Arrest Respiratory Failure Raised ICP Recent upper GI surgery Active Tuberculosis Lung abscess No additional contraindications in the paediatric population[11] Precautions[edit | edit source] Emphysema - check chest x-ray for bullae Patient compliance Skin integrity Airway obstruction[11] Patients Unlikely to Do Well On NIV[edit | edit source] Agitation, encephalopathic, uncooperative Severe illness including extreme acidosis (pH





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