

# Risk vs Need

Id patients that need  
ventilatory support

# Risk vs Need

- Risk: Your patient has a history or current disorder that puts him/her at special risk for respiratory failure, I.e. smoker, thoracic surgery, overdose, alcoholic, COPD, etc.
- Need: Patient already has signs and symptoms that are leading to or already have led to Respiratory Failure

# ID patients that MAY need Ventilatory Support

- Look to their history, admission criteria, present illness, medications, etc.
- Factors that would inhibit a respiratory response if needed or inhibits respiratory function.
- Will condition cause them to not Ve enough, Vt, airway, WOB, etc.

# Once ID, then what?

- Monitor, if no serious indicators then monitor for non-invasive signs and symptoms, I.e. Vitals, NIP, VC, accessory muscle use, WOB, color, Vt, Ve, RR.
- If non-invasive start to deteriorate then you go to more invasive to get confirmation that patient is truly going bad...ABGs most likely.

# ID patient's going or in RF

- Trends are way more meaningful than anyone measurement, usually, so go for trend monitoring when able, stronger case for intubation if based on deteriorating trend.
- Once identified that patient is deteriorating decide if more testing or intubation is indicated.

# Protocol goes like this:

- Look at all your patients, decide which are at risk for RF.
- Once identified start monitoring for signs and symptoms of impending RF
- If S & S start to deteriorate or indicate a downward trend them move to more invasive monitoring-VC, NIF, ABGs.

# Monitoring Continuum

- **Vitals, color, WOB, RR, access, muscle use, Vt, Ve, VC, NIP, ABG**



**Non-Invasive**

**Invasive**

