**Outpatient Initiation of NIV**

Inclusion Criteria:

1. Meets criteria in ‘NIV Appropriateness Form’ for NIV initiation.
2. Clinically stable and free from chest infection in the previous month.
3. Motivated and physically able for outpatient initiation.
4. Family member (carer) available for attendance in the clinic.
5. Equipment accessible from the Ventilator Equipment Pool prior to the visit; patient to go home with the equipment after the clinic.
6. Accessible for follow up within 48 hours by telephone.

Process:

1. Two visits will be booked a week apart. However, the 2nd visit will not be mandatory if the patient is making good progress.
2. During the outpatient visit, the patient and carer are taught to put the mask and headgear on, and how to operate the ventilator. During the outpatient session the patient will be given the opportunity to lie down with settings adjusted over a 60-minute period. Settings will be increased to ensure a good tidal volume achieved by the patient (ensuring good chest wall movement) or to the maximum inspiratory pressure the patient can tolerate. Tidal volume settings of 6-8 mL/kg IBW will be targeted. SaO2 will be monitored throughout. Application process will follow an algorithm[[1]](#footnote-1)*.*
3. Patients will be able to try a variety of masks to ensure they are discharged using the most comfortable and appropriate mask.
4. The contact time of the HCP initiating NIV will be recorded.
5. Patient will receive a pre-arranged telephone call to assess progress 48-hours after the initial visit.

Patient Satisfaction:

Questions using Visual analogue scores (VAS) will be asked at 2-4 weeks post training.

1. Starting non-invasive ventilation (NIV) in the clinic was easy for me. (Agree/Disagree)
2. The information provided to me in the clinic was easy to understand. (Agree/Disagree)
3. My questions in the clinic were satisfactorily answered. (Agree/Disagree)
4. I presently feel safe using the ventilator and mask. (Agree/Disagree)
5. The mask interface I presently have is comfortable. (Agree/Disagree)
6. Professional contact time with me in the clinic was adequate. (Agree/Disagree)
7. Follow up telephone contact was valuable. (Agree/Disagree)
8. Looking back, if needed again, I would likely choose an overnight hospital admission for this training. (Agree/Disagree)

Please circle the number that best describes your level of acceptance with the statement.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agree | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Disagree |

1. *Best clinical practices for the sleep center adjustment of noninvasive positive pressure ventilation (NPPV) in stable chronic alveolar hypoventilation syndromes. Journal of clinical sleep medicine: Official publication of the American Academy of Sleep Medicine, 6(5), 491-509.* [↑](#footnote-ref-1)