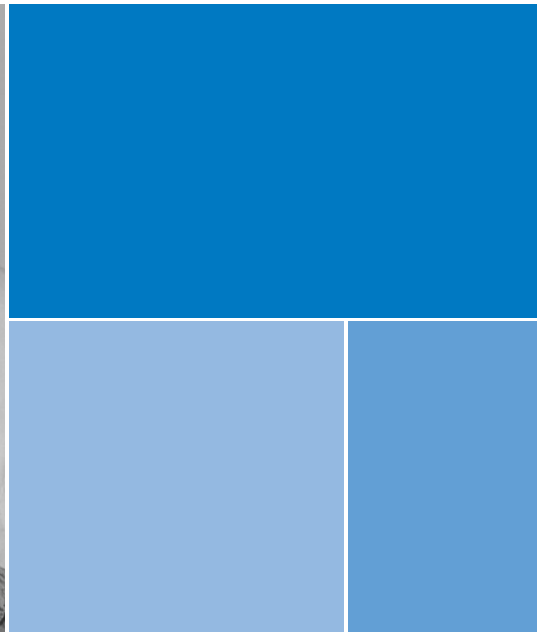


Non Invasive Ventilation (NIV) for Chronic Obstructive Pulmonary Disease



[Patient Information](#)

Breathing

When we breathe in we take oxygen out of the air to keep us alive; the body uses the oxygen and produces carbon dioxide (a waste gas), which we then breathe out.

Use of supplementary oxygen

Some people with breathing problems only have a problem getting enough oxygen in to the body. If the oxygen level drops below a certain level it is easy to give extra oxygen for patients to breathe. This is given through an oxygen mask or nasal cannula (which are small, soft prongs that sit in the nostrils) via the piped oxygen on the ward.

Why Non-Invasive Ventilation (NIV) is used

If patients are having difficulties with their breathing and removal of their carbon dioxide (waste gas) NIV may be required for a period of time.

If this happens breathing can be helped using a cushioned mask that fits over both the nose and mouth held gently but firmly in place with the appropriate head gear. This can easily be removed, e.g. for eating and drinking.



How will it help you

The NIV helps you take bigger breaths by blowing in extra air when you breathe in, taking some of the effort out of your breathing and helping to ease the feeling of breathlessness. It also increases your oxygen levels and makes you breathe out more carbon dioxide.

On the first day you may need the NIV for most of the time but as you get better the time spent on the machine is reduced.

Your progress will be monitored by taking regular blood tests, from which the doctors can make the decision of when to remove the machine.

If NIV does not help you recover, then other options will be discussed.

PRACTICAL DETAILS

How does it feel?

Inside the mask it feels like you are getting an extra 'whoosh' of air to help you breathe.

Eating and Drinking

The ward staff will help with the removal of the mask to allow you to eat and drink.

Talking

While the mask is in place you will find it difficult for people to hear you – mostly due to the fit of the mask.

However, as you improve, the time when you are off the NIV will be planned to fit in with visiting times if possible.

Clearing sputum

Whilst receiving NIV you may be seen by a physiotherapist to teach you good sputum clearance techniques.

The ward staff are also aware of this need and will assist you in being able to take off your mask when this is required.

If you need help

Your call button will be close by so you can get help quickly. There is also a quick release mechanism on the NIV mask which can be used if necessary, for example if you are feeling sick. This will be shown to you by the staff.

Do you have an Oxygen Alert Card?

Please advise your respiratory nurse if you **do not** have an Oxygen Alert Card so that one can be provided.

Things to consider before coming back to clinic to see your chest consultant

Why do I need to come to clinic?

You were recently an in-patient and required treatment with Non-Invasive Ventilation (NIV). We know from experience that once someone has required this treatment, they are more likely to be re-admitted to hospital with breathing difficulties and may require NIV treatment again.

The purpose of the clinic is to:

- 1) Make sure that the treatment for your airways disease is as good it can be. This may help to prevent future hospital admissions.
- 2) Discuss your experience of NIV to see if you would be happy to have this treatment again should you require it in the future.
- 3) Talk about options for treatment if NIV is unsuccessful.

Can't I discuss it next time I'm admitted to hospital?

Most patients find it difficult to discuss treatment issues when they are feeling unwell and may be very breathless. Discussing these things when you are well gives you and your family more time to think about treatment options and let the doctors know your views.

I had a good experience with NIV. Do I still need to come?

We're pleased that you coped well with NIV last time. If you need NIV in the future, we would hope that you would do just as well again. However, it is not possible to predict that this will be the case. Therefore it would still be useful to talk through the options if NIV does not work on a future admission.

I had a terrible experience with NIV. Do I still need to come?

We're sorry that you found NIV uncomfortable or difficult to tolerate. We would like to discuss this with you to see if we could improve your experience next time. Sometimes a different face mask may be useful. Discussing your problems and anxieties may enable you to give NIV a second chance. We can also discuss other options to NIV therapy.

What are the other options to NIV therapy?

If NIV is not working or a patient does not want to have NIV, treatment for airways disease with nebulisers, steroids and possibly antibiotics will continue. For some patients referral to the Intensive Care Unit for invasive ventilation may be appropriate. For others, concentrating on the relief of symptoms such as breathlessness and anxiety may be more useful.

Your doctor when you attend outpatients will discuss if a life support breathing machine (invasive ventilation) in an ICU setting would ever be a treatment which would be of benefit to you. They would like to hear your views on this treatment.

When I was in hospital last time, the doctors asked me if I wanted to have resuscitation attempted if my heart and lungs stopped working. Can I talk about this as well?

Yes, of course. Doctors are asking patients about their treatment wishes, including resuscitation attempts, much more these days. Although it can be upsetting initially, most patients find it relieves their worries and fears to have talked it over. The doctor will discuss the likely outcome of a resuscitation attempt with you and explain what happens.

Do I have to make a decision about future treatment or resuscitation attempts?

No, not at all. The doctor is keen to hear your views and preferences so that they can be taken into consideration if you require treatment in the future. You may find it useful to discuss these issues with your family/GP as well.

Resources and references

British Lung Foundation website: www.blf.org.uk

Helpline: 03000 030 555

They will direct you to your local Breathe Easy Group

Useful telephone numbers

GP:

Respiratory Nurse:

Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. **Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card.** Providing your feedback is vital in helping to transform NHS services and to support patient choice.

Trust Values

Courtesy and respect

- A welcoming and positive attitude
- Polite, friendly and interested in people
- Value and respect people as individuals
So people feel **welcome**

Attentively kind and helpful

- Look out for dignity, privacy & humanity
- Attentive, responsive & take time to help
- Visible presence of staff to provide care
So people feel **cared for**

Responsive communication

- Listen to people & answer their questions
- Keep people clearly informed
- Involve people
So people feel **in control**

Effective and professional

- Safe, knowledgeable and reassuring
- Effective care / services from joined up teams
- Organised and timely, looking to improve
So people feel **safe**



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240

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