NIV-Patients in eastern Switzerland

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NIV-Patients in eastern Switzerland

- Structures in St. Gallen
  - Location
  - Team
- Initiation of Out-Patient Controls
- Controls
  - Neuromuscular Disease (ALS)
  - Hypercapnic COPD
  - Obesity Hypoventilation Syndrome
  - ASV / CPAP
- Issues
Structures in St. Gallen

- **In Hospital**
  - Respiratory Department
    - Pulmonary Function Tests (PFT), BGA/ LTOT, Downloads
    - Endoscopy
  - Sleep Laboratory:
    - Diagnostics (PSG, PG, Actography)
    - Instruction of CPAP / ASV (Collaboration with Lungenliga)
    - Center for neuromuscular diseases

- **Home Care Provider (Lungenliga)**
  - CPAP
  - ASV
  - (NIV)
Respiratory Care Team St. Gallen

- 1 respiratory physician (team of 9 physicians)
- 700% respiratory nurses
  - treatment on ED, planned admissions, postoperative patients
  - ventilator downloads, transcutaneous measurements, blood gases
  - documentation of results and decisions
Initiation of Out-Patient checks

- 4-8 weeks after initiation of NIV (ALS according to neurological follow-up), 6 months after initiation, then yearly

- At the clinic:
  - clinical assessment, comfort / compliance
  - pulmonary function test (PFT)
  - blood gases (BGA)
  - downloads (respiratory nurses)
  - documentation of changes in database

- Contact to family physician and homecare provider

Respir Care. 2014 Nov;59(11):1671-8, Tomomasa Tsuboi MD PhD et. al., The Importance of Controlling PaCO2 Throughout Long-Term Noninvasive Ventilation
Disease Severity / Mobility

- Neuromuscular Diseases (mostly ALS)
- Hypercapnic COPD
- Obesity Hypoventilation
- Complex Sleep Apnea / Cheyne Stokes Respiration
Neuromuscular Diseases (ALS)

- regular controls with neurologists (quarterly) at center for sleep medicine / neuromuscular diseases:
  - clinical assessment, secretions (cough assist), BGA, downloads
- PEG implantation on respiratory ward, instruction of NIV
- (downloads at home by homcare provider)
- direct contact with resp. care team

Hypercapnic COPD

- yearly controls at the clinic:
  - PFT, BGA (LTOT), download
- wide clinical range
  - shorter intervalls due to other health issues
  - (home visits)
- documentation in database
Obesity Hypoventilation

- PFT, ABG at clinic previously
- yearly controls by homecare provider
  - pulse oxymetry (PO)
  - downloads
- respiratory physician at location of homecare provider
- documentation in database limited
ASV and CPAP

- yearly controls by homecare provider including pulse oxymetry (PO) and downloads
- respiratory physician at location of homecare provider
- documentation in database limited
- possibility of video phone calls to remote parts (homecare provider) with shared screen
Weak Patients

- home visits by home care provider
- contact to respiratory physician
- no ABG obtained
- exceptions
Issues to be solved

- visits to the home care provider and clinic
- many different locations
- telemedicine is so far not widely spread
- central documentation of the respiratory therapy settings
Questions / Discussion