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Title: Is non-invasive ventilation (NIV) utilised appropriately outside of respiratory specialist areas?

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Body: Background The British Thoracic Society (BTS) recommends regular audit of NIV practice (BTS, NIV in acute respiratory failure, Thorax, 2002, 57p192-211) and states inappropriate use of NIV is undesirable. Aims and objectives The aim of this study was to establish if inappropriate NIV could be correlated with location of set up. Proving this hypothesis would enable us to target locations to provide additional support to reduce and prevent the inappropriate use of NIV. Methods Data were collected prospectively from 255 consecutive patients requiring NIV from May 2009 to April 2011 using an adapted version of the BTS NIV data tool. The establishment of NIV was deemed appropriate or not as per the BTS guidelines. Results The impact of appropriate use of NIV on mortality is summarised.

Impact of appropriate use of NIV on mortality

	Appropriate use of NIV(n=) %	Inappropriate use of NIV(n=) %	pvalue(Chi squared)
Mortality	34%(n=68)	52%(n=29)	0.022

table1

The impact of location on appropriate use of NIV is summarised.

Impact of location on appropriate use of NIV

Location	Appropriately commenced on NIV	Inappropriately commenced on NIV	pvalue(Chi squared)
Accident & Emergency	71%(n=66)	29%(n=27)	0.030
Medical Assessment Unit	50%(n=9)	50%(n=9)	0.002
Respiratory specialist areas(Respiratory ward and Medical High Dependency Unit)	87%(n=121)	13%(n=18)	0.014

table2

Conclusion Patients commenced on NIV outside of respiratory speciality areas are more likely to receive inappropriate NIV with subsequent higher mortality rates. This may be due to the lack of expertise in non-respiratory areas. We therefore conclude that NIV should only be initiated in respiratory specialist areas within our hospital.