

Patient Name:	
DOB:	
Hosp. Number:	

Date:	
Time:	
Location:	

Indication for N.I.V	
Is this patient suitable for NIV ? (SEE BELOW CONTRAINDICATIONS) Give reason if using NIV against reason contraindication below	

Absolute contraindications: <ul style="list-style-type: none"> • Respiratory arrest / need for immediate intubation • Facial trauma / burns / surgery / abnormalities • Fixed upper airway obstruction • Severe vomiting • Acute severe asthma • Pneumothorax (unless chest drain inserted) • Confirmed wish by the patient not to receive NIV in the event of a deterioration. 	Relative contraindications: <ul style="list-style-type: none"> • Inability to protect airway • Life-threatening hypoxaemia • Haemodynamic instability • Impaired consciousness • Confusion / agitation • Bowel obstruction • Recent facial / upper airway or upper GI tract surgery • Copious respiratory secretions
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If N.I.V fails, tick below plan of escalation:			
For I.C.U Referral		Supportive Care only	

If N.I.V fails is this patient for resuscitation?			
Yes		No	

Checklist	Yes/N.A	Comments
XR +/- ultrasound to "rule out" pneumothorax?		
Arterial line considered?		
N.I.V. machine checks complete?		
N.I.V. prescription complete (see next page)?		
If not for CPR, has D.N.A.R been completed?		
Family aware of DNAR Decision		

Clinician name and signature	
Senior Input Name (Re: NIV and DNAR)	

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Machine Used and Delivery device					
Starting IPAP (Suggested 14)	Maximum IPAP (Suggested 25)	Starting EPAP (Suggested 4)	Max. EPAP (Suggested 6)	FiO2/%O2	Target Sats

Clinician Prescription (Name & Signature)	
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Date						
Time						
IPAP						
EPAP						
FiO2 (%)						
Resp Rate						
Saturation						
Nursing Initials						
Settings changed (Y/N)						
Reason for change						
Name & GMC of clinician approving change						

Patient Name:	
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CONTINUATION SHEET							
Date							
Time							
IPAP							
EPAP							
FiO2 (%)							
Resp Rate							
Saturation							
Nursing Initials							
Settings changed (Y/N) *If yes, below must be completed*							
Reason for change							
Name & GMC of clinician approving change							