Non-Invasive Ventilation (NIV)

**Cost Savings**
- ICU
  - Shortens stay in intensive care unit \(^1\)
  - Reduces length of hospital stay by average of 3 days \(^2\)
  - Decreases the number of possible complications by 62\% \(^2\)

**Clinical Outcomes**
- Reduces risk of treatment errors by 50\% \(^2\)
- Eliminates need for sedation and after effects caused by anesthetization \(^4\)
- Reduces mortality rate for COPD patients by 48\% \(^2\)

**Quality Of Life**
- Reduces pain; no medical instrument is inserted into the body
- Avoids internal injuries, such as those caused to trachea \(^2\)
- Eliminates need for masks (during some phases) which allows patients to talk and drink fluids \(^5, 6\)

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**Ventilator-associated pneumonia is one of most common hospital infections:** It adds $12,000 of extra cost per patient \(^3\)

\(^*\) Risk of intubation-related pneumonia increases by 1\% every day tube is used

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**References**
Volume-Controlled Ventilation

Mandatory Minute Volume (VC-MMV)

Mechanical breaths are automatically reduced for patients with increasing spontaneous breathing.

Supportive

- Full synchronisation with the patient
- Allows spontaneous breathing with a "safety net" ¹
- Speeds up weaning
- May save up to one day in ICU ³

Automatic

- Full to partial ventilation support with no intervention ²
- Frees clinicians for other patient care activities ², ⁴
- Allow “automated weaning” ²

Safe

- Tidal and minute volume remain stable
- Prevents hypoventilation

References