

Fact Sheet

NON-INVASIVE VENTILATION

NON-INVASIVE VENTILATION REDUCES COSTS.



The costs for a pneumonia patient using non-invasive ventilation in Europe are 10,300 Euros, while an intubated patient incurs costs of 25,000 Euros. (Schönhofer 2006)



Non-invasive ventilation can take place away from the intensive care ward, on special ventilation wards, which reduces costs. (Bülow 2007)



Invasive ventilation often brings with it the risk of hospital-acquired infections - particularly ventilator-associated pneumonia - resulting in considerable extra costs. (Schönhofer 2008)



According to a US study published in 2000, hospital-acquired infections cause annual costs of 29 billion dollars in American hospitals. (Institute of Medicine 2000, see also Robert Koch Institute 2002)



Ventilator-associated pneumonia causes 12,000 dollars of extra cost per patient. (Warren 2003)

NON-INVASIVE VENTILATION REDUCES THE RISK OF HOSPITAL-ACQUIRED INFECTIONS.



Invasive ventilation brings with it the risk of hospital-acquired infection. (Schönhofer 2008)



In the case of non-invasive ventilation, the lack of tube means that fewer germs make it into the respiratory system, resulting in fewer hospital-acquired infections. (Kuhlen 2008)



Patients using non-invasive ventilation can be prevented from further invasive intervention, such as catheters, which are necessary for invasive ventilation due to the sedation. (Nava 2006, Bülow 2007)

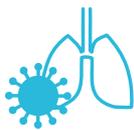
NON-INVASIVE VENTILATION CAN REDUCE THE LENGTH OF HOSPITAL STAYS.



Non-invasive ventilation reduces the length of stays in hospital by an average of three days. (Ram 2004)



Non-invasive ventilation reduces this weaning phase, which results in shorter stays for patients on the intensive care ward and in the hospital. (Ferrer 2003)



In the case of invasive ventilation, weaning and possible infections prolong the stay on the intensive care ward, which in turn increases costs and occupies valuable intensive care beds. (Nava 2006)

NON-INVASIVE VENTILATION INCREASES THE QUALITY OF LIFE FOR THE PATIENTS.



Non-invasive ventilation does not require the patient to be sedated. (Kuhlen 2008)



Invasive ventilation requires anaesthetisation. (Schönhofer 2008)



Patients using non-invasive ventilation can do without masks for varying phases, which allows them to communicate with doctors regarding their condition, and also to talk to visitors or drink something. (Nava 2006, Bülow 2007)

NON-INVASIVE VENTILATION CAN REDUCE COMPLICATIONS.



With non-invasive ventilation, the number of possible complications is reduced by 62 percent. (Ram 2004)



Non-invasive ventilation avoids internal injuries, such as those caused to the trachea. (Ram 2004)



The risk of intubation-related pneumonia increases by one percent every day the tube is used. (Nava 2006, Elliott 2004)

59 %

Early non-invasive ventilation reduces the need for intubation (Elliot 2004) by 59 percent. (Ram 2004)



NIV [...] is associated with a lower risk of pneumonia and death than is endotracheal intubation. (Carlucci 2001)



If used for long periods, invasive ventilation can result in the decomposition of the musculature. (Schönhofer 2008)

50 %

Non-invasive ventilation of patients reduces the risk of treatment errors by over 50 percent. (Ram 2004)

NON-INVASIVE VENTILATION REDUCES MORTALITY RATES.



The mortality rate for COPD patients using non-invasive ventilation falls by 48 percent. (Ram 2004)



NPPV leads to fewer readmissions to the hospital. (Conti 2002)



Ventilator-associated pneumonia increases the mortality rate to 50 percent. (Warren 2003)



In the case of patients using non-invasive ventilation, the risk of treatment errors falls from 27 to 15 percent (Plant 2000). According to another study, this figure can even be reduced by over 50 percent. (Ram 2004)

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