

Management of Chronic Respiratory Failure

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Conflict of Interest

None




How do we Breath?

Respiratory Areas in the Brainstem

- Medullary respiratory center**
 - Dorsal groups stimulate the diaphragm
 - Ventral groups stimulate the intercostal and abdominal muscles
- This area is especially sensitive during infancy, and the neurons can be stimulated by shaking the head and/or shaken violently. The result can be death due to "shaken baby syndrome".

Pontine (pneumotaxic) respiratory group

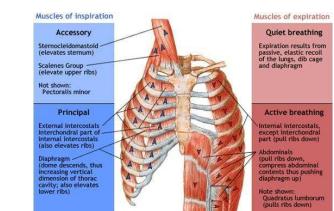
- Involved with switching between inspiration and expiration; fine tunes the breathing pattern—there is a connection with medullary respiratory centers but precise function unknown)

Muscles of Inspiration

- Accessory**: Sternocleidomastoid (elevates sternum); Scalenes Group (elevates upper ribs); Not shown: Pectoralis minor
- Principal**: External intercostals (elevates lower ribs); Internal Intercostals (elevates upper ribs); Diaphragm (dome descends, thus increasing the dimension of thoracic cavity and elevates lower ribs)

Muscles of Expiration

- Quiet breathing**: Expiration results from passive, elastic recoil of lungs and chest wall and diaphragm
- Active breathing**: Internal Intercostals, Abdominals (contract part (pull ribs down); Abdominals contract, compress abdominal contents (pulling diaphragm up))
- Note: Quadratus lumborum (pulls ribs down)







Causes...

- Central Respiratory Control
 - Congenital Central Hypoventilation Syndrome
 - Spinal cord Injury
- Neuromuscular Disease
 - Muscular Dystrophy
- Other
 - Pulmonary Hypertension
- Chronic Lung Disease
 - Bronchopulmonary Dysplasia
 - Airway Malacia
- Advance Lung Disease
 - Cystic Fibrosis
- Neurodegenerative Disease
 - Mitochondrial Disorders



Acute on Chronic Respiratory Failure

- Blunted Respiratory Control
 - Anesthesia, Sedatives, Opiates
- Reduced Ventilatory Muscle Power
 - Surgery, Electrolyte disturbance, Dehydration
- Upper and Lower Respiratory tract Infections
 - Changes upper and lower airway mechanics





Goals of Chronic Ventilatory support

- Improve pulmonary gas exchange
- Reverse hypoxemia
- Relieve chronic respiratory acidosis
- Optimize patient work of breathing
- Provide airway protection
- Decrease oxygen cost of breathing
- Reverse respiratory muscle fatigue
- Permit lung and airway healing
- Minimize ventilator-induced lung injury



We Need Technology That..

- Provides safe and reliable ventilatory support
- Provides adequate gas exchange
- Maintains optimal Lung Mechanics

While expecting minimal need for adjusting settings
and for troubleshooting...



And... is Portable





Modes of Ventilation

VENTILATOR MODE	INITIATED	LIMITED	CYCLED
VC	Time	Volume	Volume/time
PC	Time	Pressure	Time
SIMV	Time/pressure/flow	Volume	Volume/time



Approaches

- Non-Invasive Positive Ventilation
 - BIPAP
 - Mechanical Ventilation via mask
- Invasive Positive Ventilation
 - Mechanical Ventilation via tracheostomy



BIPAP

Spontaneous Time (ST) mode



BIPAP

Positives

- Portable One Circuit
- O₂ and Humidification can be added
- Bronchodilator can be added
- Minimal training



BIPAP

Negatives

- Interface/skin breakdowns
- Back-up tubing not usually covered if needing replacement before 6 months
- Electrical power only
- Alarm



BIPAP

- Central Respiratory Control Disorders
 - Chiari Malformation in adolescent patient w/ PSG showing ETCO₂ of 50 mm >40% of sleep time
- Neuromuscular Disease
 - Duchenne's with Mild CO₂ retention and SVC>65% predicted



BIPAP

- Chronic Lung Disease
 - CF with Hypoxemia and PCO₂ of 50 mmHg
- Neurodegenerative Disease
 - Combination Chronic bronchitis/Restrictive lung disease in a patient with bulbar dysfunction and epilepsy



LTV

The image shows the LTV ventilator unit on the left and its front panel overview screen on the right. The screen displays a grid of respiratory parameters and a circular control button.

Front Panel Overview

UAMS
University of Arkansas for Medical Sciences

Viasys LTV1200

Arkansas Children's Northwest

Trilogy

The image shows the Trilogy ventilator unit, which is a compact, rectangular device with a small screen and several buttons.

UAMS
University of Arkansas for Medical Sciences

Arkansas Children's Northwest

Standard Criteria for Discharge

- Family Preparation
- Vendor
- Nursing Agency
- Primary Care Provider
- Electric Power Provider

UAMS
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Cost

- BiPAP: \$1,200-2,000
- Humidifier: \$80-150
- Interface: \$75-200
- Portable Ventilators: \$12,000
- Tracheostomy tubes: \$50-1000
- Suction Machine: \$250-300
- Pulse Oximetry rental: \$300/month or \$1,500 for purchase
- Home Nursing



Future Vents

Multifunction-Ventilator

- Ventilator
- Cough Assist
- Suction
- Nebulizer







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