## Noninvasive Ventilation (NIV) Utilization in an Academic Emergency Department (ED)

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**Background:** Noninvasive ventilation (NIV) is a valuable therapeutic modality for subjects presenting to the emergency department (ED) with acute respiratory failure due to chronic obstructive pulmonary disease or cardiogenic pulmonary edema. NIV is increasingly being used for acute respiratory failure caused by other disease entities. The purpose of this report is to analyze NIV utilization in our academic medical center ED.

**Methods:** Subjects were identified through an IRB approved electronic records search of patients who received NIV in the ED between January 1, 2010 and June 30, 2012. Data tracked included: NIV used as life support (defined as "respiratory compromise would occur if NIV is removed"), indication for NIV and endotracheal intubation (ETI) requirement. Subjects were grouped into six month intervals for analysis.

**Results:** Eight hundred and ninety-seven subjects (mean age 65 years) were included. There was a trend towards increasing use of NIV over the study period (in chronological order: 159, 173, 187, 172 and 206 patients receiving NIV for each 6 month interval). 77% of NIV usage was considered life support.

Table 1

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	Number	Life	Non-Life	Intubation
		Support	Support	(% non DNI)
All Patients	897	689 (77%)	208	13%
			(23%)	
<b>Accepted Indications</b>	626 (70%)	446 (71%)	180	12%
			(29%)	
COPD	200 (22%)	145 (73%)	55 (27%)	12%
CHF	204 (23%)	158 (77%)	46 (23%)	8%
COPD&CHF	165 (18%)	124 (75%)	41 (25%)	13%
Immunocompromised/Neuromuscu	8 (0.9%)	6 (75%)	2 (25%)	67%
lar Weakness				
Obstructive Sleep Apnea	49 (5.5%)	13 (27%)	36 (73%)	8%
Other Indications				
Asthma	44 (5 %)	43 (98%)	1 (2%)	7%
Other diseases	227 (25%)	200 (88%)	27 (12%)	15%

**Conclusion:** The use of NIV in our ED increased during the time period evaluated. The majority of NIV use in the ED was considered life support. Interestingly, intubation rates were remarkably similar among patient groups.