ResMed

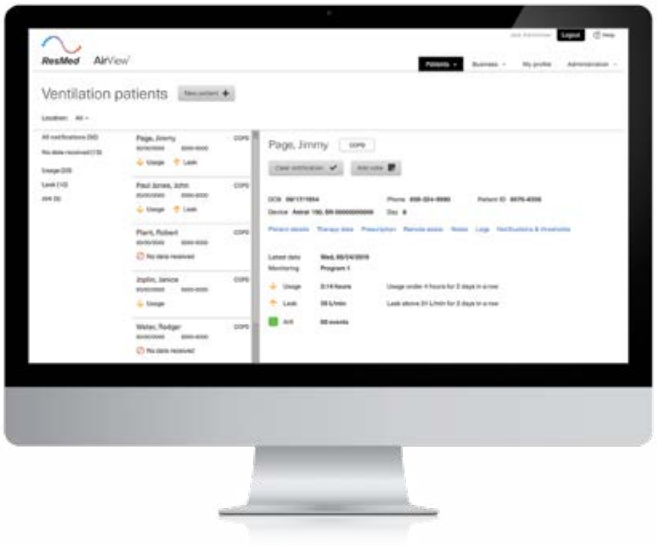
AirView™

AirView for Ventilation clinical workflow guide

Monitoring rules that result in notifications should be set uniquely to each patient's needs by a licensed clinician. This workflow guide is for informational and educational purposes and is not intended to substitute for the independent medical judgment of the patient's treating clinician.

Patient Name: _____ **Patient ID:** _____

Referring Physician: _____



Creating a monitoring schedule

While ResMed offers no specific recommendations regarding patient care, we do advise establishing a regular monitoring schedule to review all ventilation patients and their respective notifications. Regular monitoring can help you stay in the know about deterioration, which can result in unexpected phone calls, ER visits, and other barriers to efficiency..

1. Log into **AirView.ResMed.com**
2. Under the "**Patients**" drop-down menu in the top right corner, select "**Ventilation patients.**"
3. Review "**Unread notifications.**"
4. Review "**No data received**" notifications: these patients are high priority given there is no data transmission occurring from their device. Troubleshooting is required to determine root cause (e.g. patient is traveling and did not carry RCM, RCM is disconnected from Astral™, etc)
5. Review "**Usage**" to assess patient adherence:
   - Has median adherence decreased significantly?
   - Has median adherence increased significantly?
     - › Is patient reporting difficulty performing activities of daily living or increasing shortness of breath?
   - Is adherence intermittent?
     - › Has patient recently been to the ER, Urgent Care or physician's office with respiratory complaints?
     - › Is patient sleeping sporadically?
     - › Is patient using mouthpiece ventilation intermittently throughout the day?

ACTION

- If the answer to any of the above is "**yes**," contact or visit patient.
- **DOCUMENT** result in the patient record.

6. Review "**Leak**":
    - Is median leak using a leak circuit greater than 24 LPM?
        - › Check mask integrity: is patient due for a new mask?
        - › Is patient waking with a dry mouth? If yes, they may need a full face mask.
    - Is median leak using a double-limb circuit greater than 20%?
        - › Leak % is equivalent to the % of tidal volume lost.
        - › If leak is suspected, review maximum inspiratory flow rates. If flow rates are greater than 70 LPM, that often confirms the presence of a leak.

ACTION

- Contact patient if answer is "**yes**." If leak is elevated, all other ventilation data is irrelevant.
- Refer patient to appropriate myAir™ mask video for re-education of mask application.
- Supply with new mask if needed.
- Confirm integrity of circuit and if using a double-limb circuit, ensure there are no leaks at the humidifier connection.
- **DOCUMENT** result in the patient record.

7. Review "**AHI**":
    - If using a set EPAP, is the AHI greater than 5 per hour?
        - i. Is this a new occurrence?
        - ii. Has the EPAP pressure been adjusted to address obstructive events?
    - If using AutoEPAP on Astral, is the AHI greater than 5 per hour?
        - i. Review median EPAP pressure
        - ii. Consider a change to the EPAP Min/Max ranges

ACTION

- If the mask leak is well-controlled, call prescribing provider to discuss possible therapy setting changes.
- **DOCUMENT** result in the patient record.

8. Review the remainder of therapy notifications:
    - Respiratory Rate
        - › Is the median value elevated 2 or more days in a row?[2] If yes, this could be a sign of an impending exacerbation.
    - Tidal Volume
        - › If iVAPS or PS/SVt is being used, evaluate Min/Max PS ranges to ensure effective ventilation is occurring.
    - %Spont Cycle
        - › If the median value is over or under 25%.[3]
    - %Spont Trigger
        - › Is the median value elevated for 2 or more days in a row?[2] If yes, this could be a sign of an impending exacerbation.

ACTION

- If any therapy notifications are raised, contact or visit the patient for further troubleshooting.
- **DOCUMENT** result in the patient record.

1 Köhnlein, Thomas et al. "Non-invasive positive pressure ventilation for the treatment of severe stable chronic obstructive pulmonary disease: a prospective, multicentre, randomised, controlled clinical trial." The Lancet. Respiratory medicine vol. 2,9 (2014): 698-705. doi:10.1016/S2213-2600(14)70153-5

2 Borel, Jean-Christian et al. "Parameters recorded by software of non-invasive ventilators predict COPD exacerbation: a proof-of-concept study." Thorax vol. 70,3 (2015): 284-5. doi:10.1136/thoraxjnl-2014-206569

3 Tassaux, Didier et al. "Impact of expiratory trigger setting on delayed cycling and inspiratory muscle workload." American journal of respiratory and critical care medicine vol. 172,10 (2005): 1283-9. doi:10.1164/rccm.200407-880OC