Introduction to Ventilation Discussion

Who are you talking to? & What do they care about?



Start with 'The Why'



- Nearly every physician or clinician cares about at least one of these three things:
 - 1. Reducing readmission rates
 - 2. Decreasing ER and hospital visits
 - 3. Increasing patients' quality of life and days of living
- So, start with the data. Initiated early, NIV can:
 - Decrease risk of hospital readmission by ~ 50%¹
 - Decrease overall risk of hospitalization by ~ 28%²
 - Decrease mortality rate by ~ 64%³

The Why



- However, two things must happen for those outcomes to become reality
 - 1. Patients need to be started on therapy early because the longer we wait the more benefits begin to wane¹
 - Patients need to adhere to NIV therapy. NIV therapy that can be adjusted to meet the patients comfort standards is more likely to drive compliance

Neuromuscular Physicians & Clinics



- LUISA Comfort Setting: Sensitivity Settings and Inspiratory Lockout
 - Inspiratory sensitivity is able to be adjusted as the patient's status declines
 - The ability to set it extremely sensitive is important as the disease progresses
 - Inspiratory lockout allows that extreme sensitivity without the risk of breath stacking and asynchrony with the vent

Pulmonary Physicians & Clinics



 LUISA Comfort Setting: Sensitivity Settings and Inspiratory Lockout

- Inspiratory sensitivity is able to be adjusted as the patient's status changes
- The ability to set it extremely sensitive may be most important when your patients have been deconditioned by long hospital stays and would benefit from the ability to trigger a breath very easily
- Inspiratory lockout allows that extreme sensitivity without the risk of breath stacking and asynchrony with the ventilator

Pulmonary Physicians & Clinics



LUISA Comfort Setting: Pressure Drop

- The ability to change the slope of decline in pressures can be beneficial for COPD and Obesity Hypoventilation Patients
- Allowing the patient to have a more gradual pressure decline grants the COPD patient more pressure to exhale against. This can provide a more complete exhalation and limits intrinsic PEEP, allowing for a more effective triggering of subsequent breaths.
- Mimics pursed lip beathing. A COPD patient is likely familiar with this technique, which can make ventilator therapy more comfortable
- For OHS patients it can act as a sort of lung recruitment as well

Pulmonary & Sleep Medicine



LUISA Comfort Setting: EPAP Algorithm

- The ability to provide a comfortable nights sleep is one of the goals.
 The auto rate algorithm on the LUISA is flow based and is designed
 so the patient will not feel a flutter or oscillation during the rise from
 EPAP min. to max. Forced oscillation may be uncomfortable and
 inhibit patient compliance
- The flow-based algorithm is designed to ensure a smooth rise in pressure in the event the airway patency decreases

Pulmonary & Sleep Medicine



- LUISA Comfort Setting: Auto Rate Algorithm
 - LUISA learns the patient's normal respiratory pattern by calculating two factors – Minute Ventilation and Respiratory Rate
 - This helps to ensure that in the event a back up rate is needed, it is more physiologically comfortable for the patient
 - Auto-EPAP rate is titrated to treat upper airway obstruction in the event of COPD/OSA overlap syndrome

Additional Overall Benefits



- LUISA Comfort Setting: Target Volume Speed
 - Can be set to ensure patient comfort based on patient's sensitivity to pressure changes
 - Patients who are very sensitive to pressure increases will often feel as if the ventilator is 'just ramping up and going crazy,' which leads to a mistrust of the device. The devices ability to set the ventilator's target volume speed so that the pressure increases minimally every 5-8 breaths may increase compliance

LUISA

The Next Generation of Home Ventilation



2101 E. St. Elmo Road, Ste 275 Austin. TX 78744 Info@movair.com