

Non-Invasive Ventilation (NIV) Prescription Chart

Patient details:
 Forename:.....
 Surname:
 Hospital No:
 DOB:
 (or affix sticker)

(1) Complete NIV Prescription Checklist:

Is there a respiratory acidosis (pH <7.35, PaCO ₂ >6) despite best medical therapy?	Yes	No
Has the patient been discussed with the on-call respiratory SpR/consultant?	Yes	No
Has a decision been made regarding escalation of treatment if NIV fails?	Yes	No
If the patient is a candidate for intubation, have they been discussed with the on-call ICU SpR /consultant?	Yes	No



(2) Record initial ABG:

Date	
Time	
FiO ₂	
pH	
PaCO ₂	
PaO ₂	
HCO ₃ ⁻	
BE	
SO ₂	



(3) Prescribe initial NIV settings:

IPAP	
EPAP	
FiO ₂ on NIV	
Recommended use e.g. Breaks, time on/off	
Doctor's name	
Bleep	
Signature	

(4) Record all ABG measurements, including IPAP/EPAP settings:

	1	2	3	4	5
Date					
Time					
pH					
PaCO ₂					
PaO ₂					
HCO ₃ ⁻					
BE					
SpO ₂					
FiO ₂					
IPAP					
EPAP					



(5) Prescribe changes to NIV settings according to ABG results:

	1	2	3	4	5
FiO ₂ on NIV					
IPAP					
EPAP					
Recommended usage					
Reason for change					
Record if no change to NIV					
Signature					
Print Name					
Date					
Time					

(6) Document most up to date plan for NIV use. E.g. Intended length of use/ weaning strategy.

Date	Plan:
Review Date	

Date	Plan:
Review Date	

Date	Plan:
Review Date	

Date	Plan:
Review Date	

Date	Plan:
Review Date	

Date	Plan:
Review Date	

