Audit of Inpatient continuity of Domicilliary NIV

Dr Lakshaajeni Thevapalan
James Paget University Hospital

INTRODUCTION

- Patients established on domiciallary NIV rely on ngoing respiratory support
- Missed/ delayed continutation during acute admissions can lead to respiratory decompensation
- Respiratory failure increased length of stay and leads to adverse patient outcomes
- QSAFEincident: pt discharged to residential placement without 24/7 CPAP and O2. Arrived to placement and died.
- QSAFE incident: Pt with COPD and OSA drowsy overnight. Normally on NIPPY overnight. ABG showed T2RF and started on acute NIV

OBJECTIVES

- To determine how often patients on domicilliary NIV have therapy continued on admission
- To identify length of time into stay until NIV is prescribed + barriers to missed/ delayed prescriptions
- To assess whether domiciliary NIV is prescribed and documented correctly

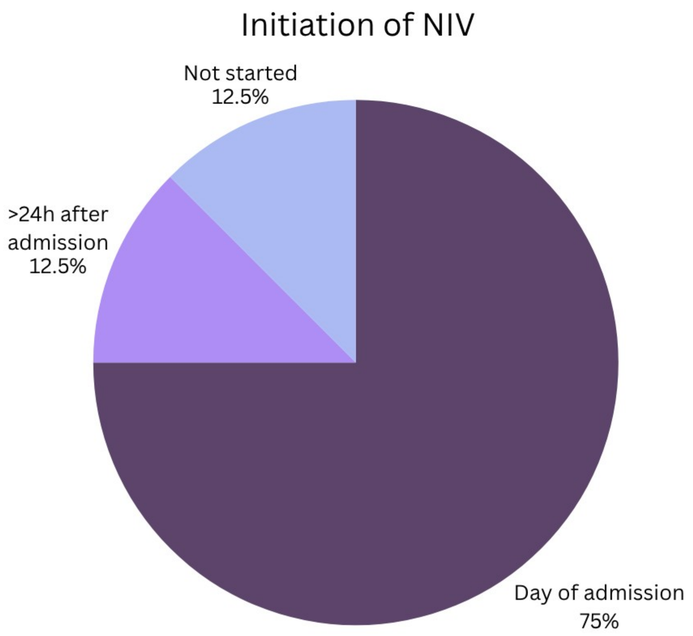
METHODS

- **Admissions from Oct 2025 - Jan 2026 under the medical team**
- **Patients >18 established on domiciliary NIV**
- **4 standards measured (outlined in results)**
-

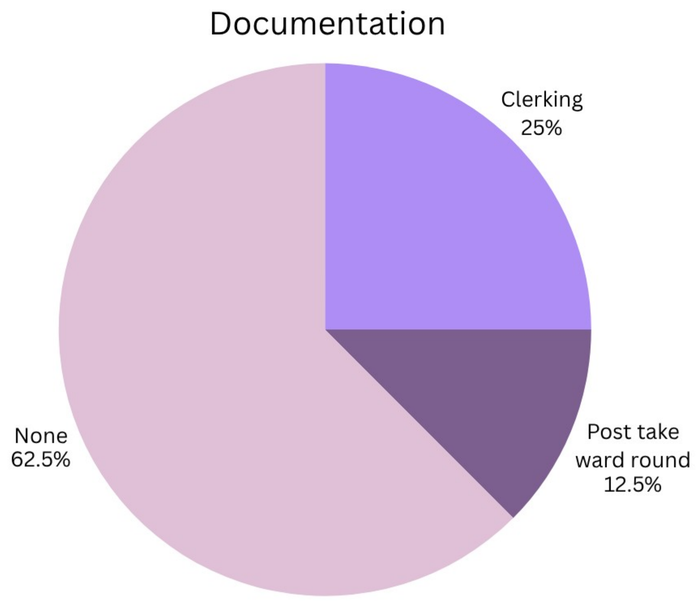
DATA SOURCES

N = 110 Information services: Z991 ‘Dependence on Respirator’, and patients who have had a procedure code of E852
N = 22 Respiratory specialist nurses: Domicilliary NIV database
N = 5 Respiratory specialist nurses: Patients initaited on NIV (BiPAP/ CPAP) from Dec 2025

RESULTS



Standard 1: Patients established on domicially NIV shoud have therapy continued unless contraindicated



Standard 2: Clear documentation of mode of therapy to avoid confusion between BiPAP/CPAP

Standard 3: Documentation of indication and home settings in medical notes



Standard 4: Appropriate referral to respiratory team should be made when NIV appropriateness uncertain/ unavailable

CONCLUSIONS

- NIV was initiated promptly in most cases
- Most patients were known to respiratory services with documented follow-up
- Low documentation of NIV in initial clerking (25%)
- Occasional equipment-related delays
- Baseline domiciliary NIV type and settings often unclear

INTERVENTIONS

Add NIV info to clerking proforma (type, pressures, home settings)

Include NIV status in EPMA prescriptions

Add NIV prompt/question in discharge sumaries to ensure follow-up