Roma, 25 maggio 2018

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XI congresso nazionale

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ROMA 24-26 MAGGIO 2018

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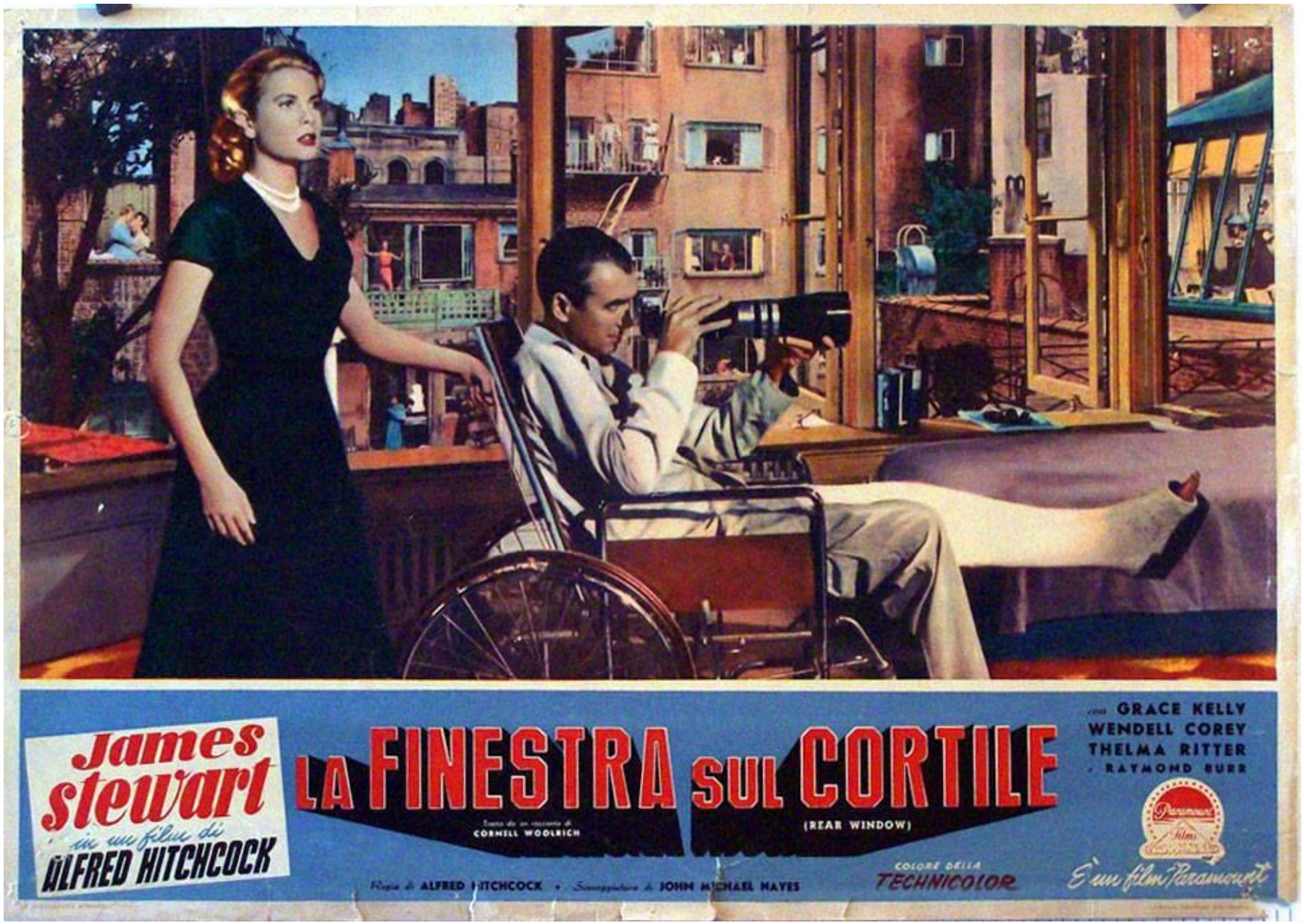

LUCI E OMBRE DELLA NIV NEL PZ CON POLMONITE

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RANTOLI CREPITANTI
EDEMI DECLIVI

TACHIPNEA
SINCOPE

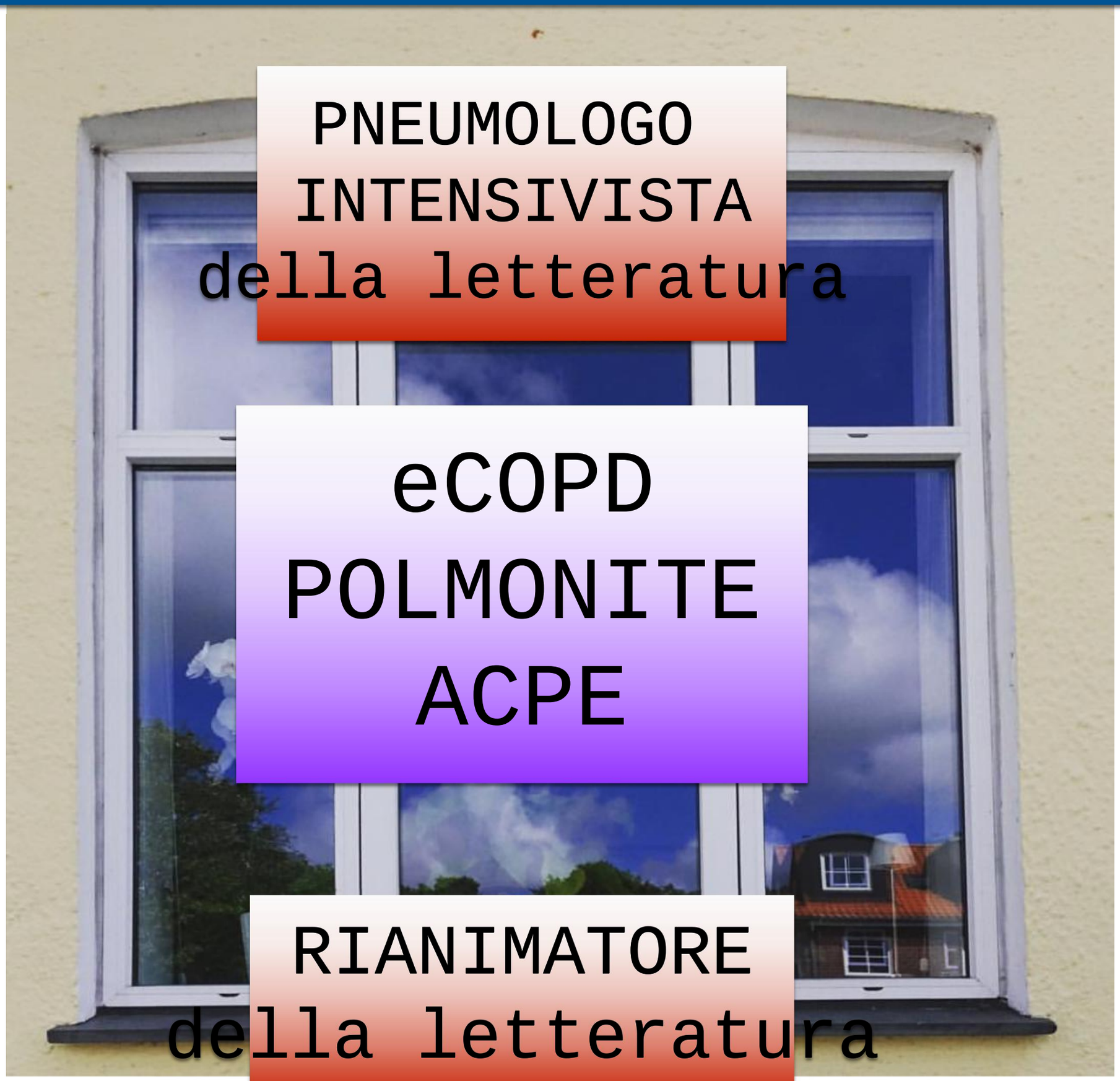
BRONCO-
SPASMO
SERRATO

pH 7.12
pCO2 85
HCO3- 29

DISTRESS
RESPIRATORIO FR>35
IN PZ NEUROMUSCOLARE

DOLORE TORACICO
DISPNEA
IPOFONESI A DX

MEDICO
PS


PNEUMOLOGO
INTENSIVISTA
della letteratura
eCOPD
POLMONITE
ACPE
RIANIMATORE
della letteratura

Official ERS/ATS clinical practice guidelines: noninvasive ventilation for acute respiratory failure

Eur Respir J 2017; 50: 1602426

Question 5: Should NIV be used in de novo *ARF?*

The main risk of NIV for the indication of *de novo* ARF is to delay a needed intubation [86].

Recommendation

Given the uncertainty of evidence we are unable to offer a recommendation on the use of NIV for *de novo* ARF.

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Contents lists available at SciVerse ScienceDirect

American Journal of Emergency Medicine

journal homepage: www.elsevier.com/locate/ajem

2013; 31: 602-612

Review

Emergency management of community-acquired bacterial pneumonia: what is new since the 2007 Infectious Diseases Society of America/American Thoracic Society guidelines ☆

Gregory J. Moran MD [a,*], Richard E. Rothman MD, PhD [b], Gregory A. Volturo MD [c]

4.5 million ambulatory care visits in 2007 in the United States, about one-third of which took place in EDs

10% - 20% of patients hospitalized with pneumonia are admitted to an intensive care unit (ICU)

600 000 hospitalizations for pneumonia occur in adults 65 years or older each year

Important cause of death : in 2009, more than 54 000 deaths in the United States were attributed to pneumonia, 86% of which occurred in patients 65 years and older

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IDSA/ATS Guidelines for CAP in Adults • CID 2007:44

Despite advances in antimicrobial therapy, rates of mortali

Patients with hypoxemia or respiratory distress should receive a cautious trial of noninvasive ventilation unless the require immediate intubation because of pF<150 and bilaterale alveolar infiltrates
Patients with underlying COPD domized to receive NIV had a > 25% absolute risk reduction for the need for intubation

Prompt recognition of a failed NIV trial is critically important […] within the first 1-2 h of NIV […] improve respiratory rate and oxygen partial pressure or failure to decrease carbon dioxide

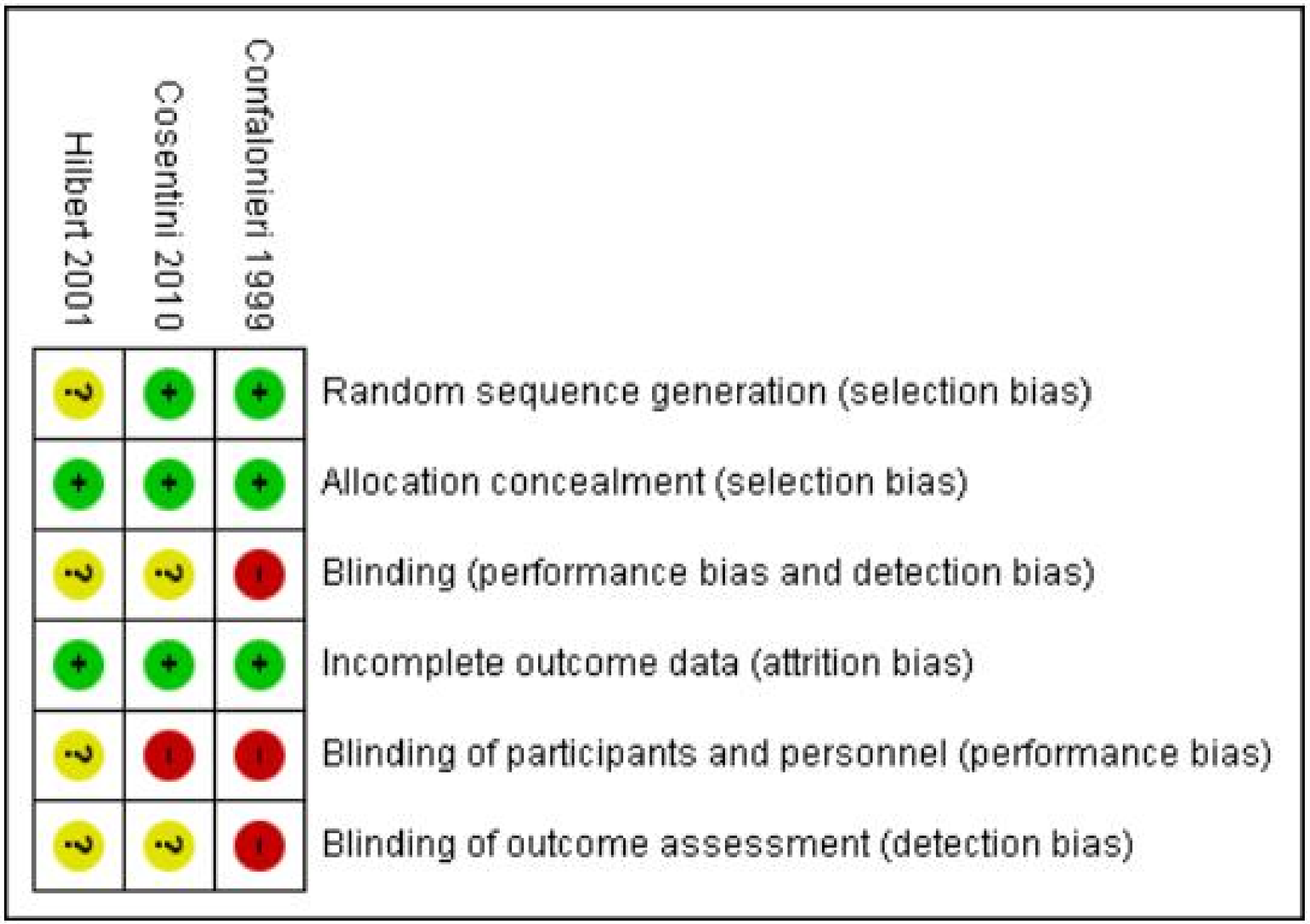
Cochrane Library

Cochrane Database of Systematic Reviews

2012, Issue 3

Oxygen therapy for pneumonia in adults (Review)

Zhang Y, Fang C, Dong BR, Wu T, Deng JL



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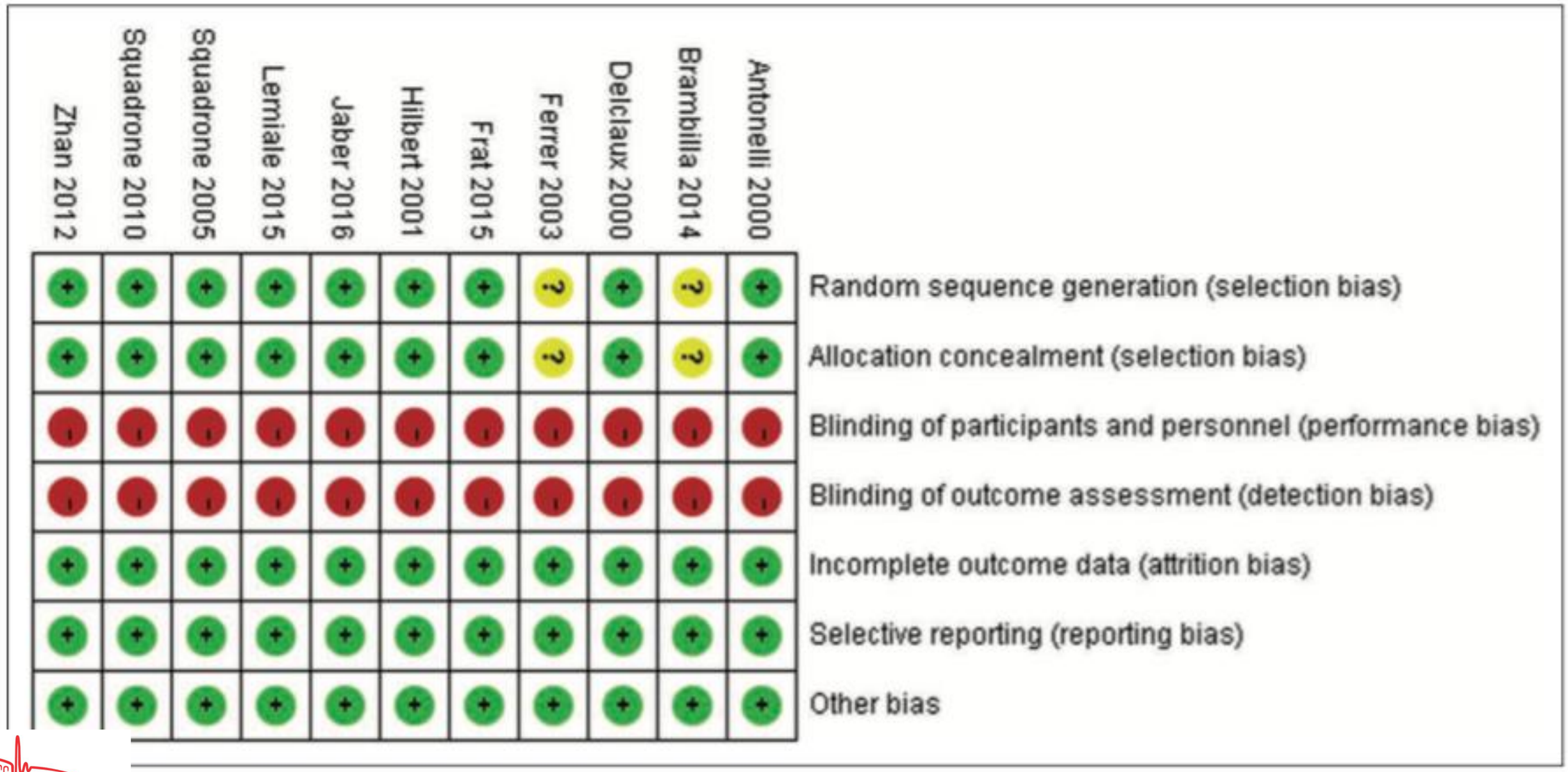
Noninvasive Ventilation in Acute Hypoxemic Nonhypercapnic Respiratory Failure: A Systematic Review and Meta-Analysis

Xiu-Ping Xu, MD[1]; Xin-Chang Zhang, MD[2]; Shu-Ling Hu, MD[1]; Jing-Yuan Xu, MD[1]; Jian-Feng Xie, MD[1]; Song-Qiao Liu, MD, PhD[1]; Ling Liu, MD, PhD[1]; Ying-Zi Huang, MD, PhD[1]; Feng-Mei Guo, MD, PhD[1]; Yi Yang, MD, PhD[1]; Hai-Bo Qiu, MD, PhD[1]

CCM 2017; 45: e727-e733



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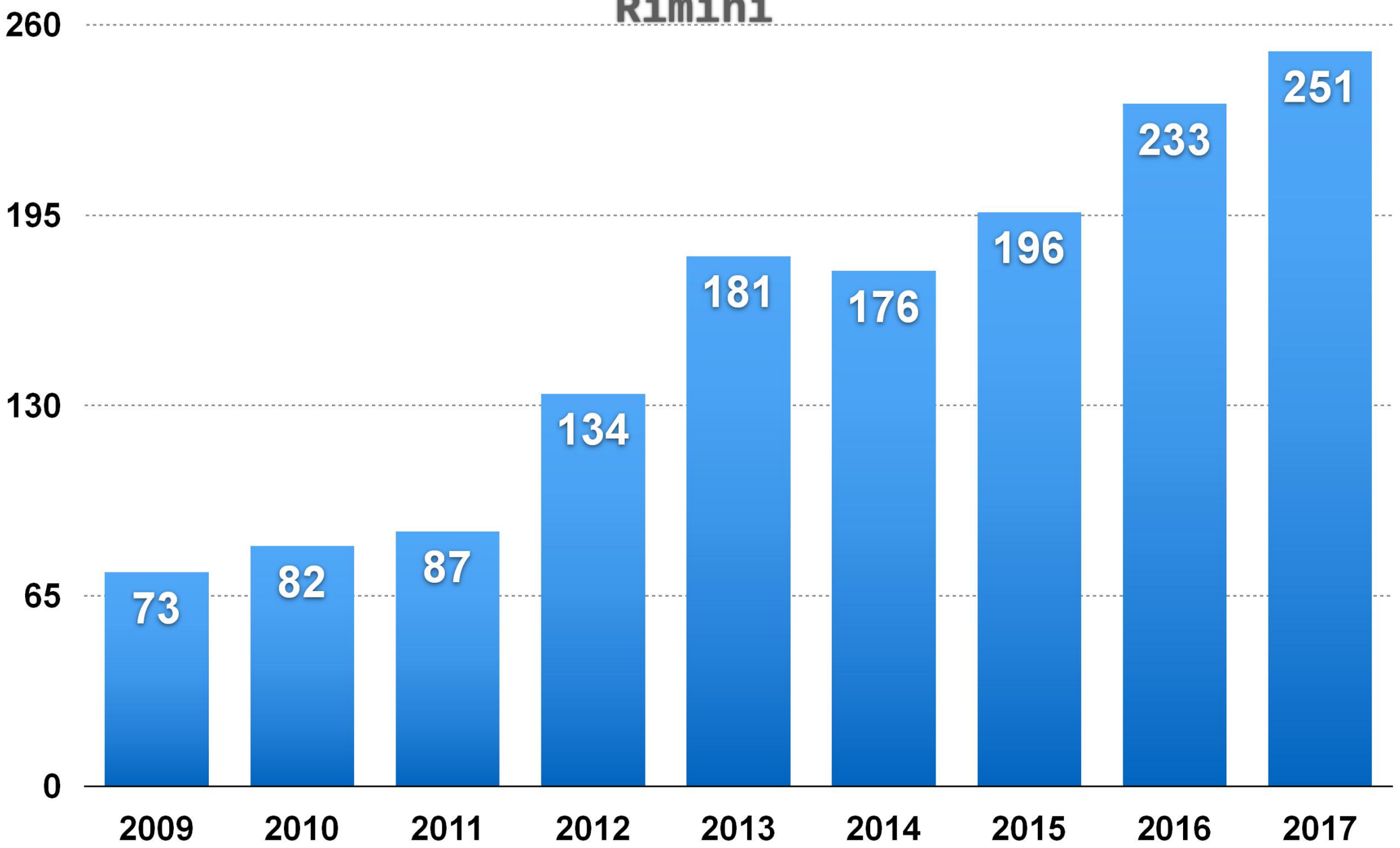
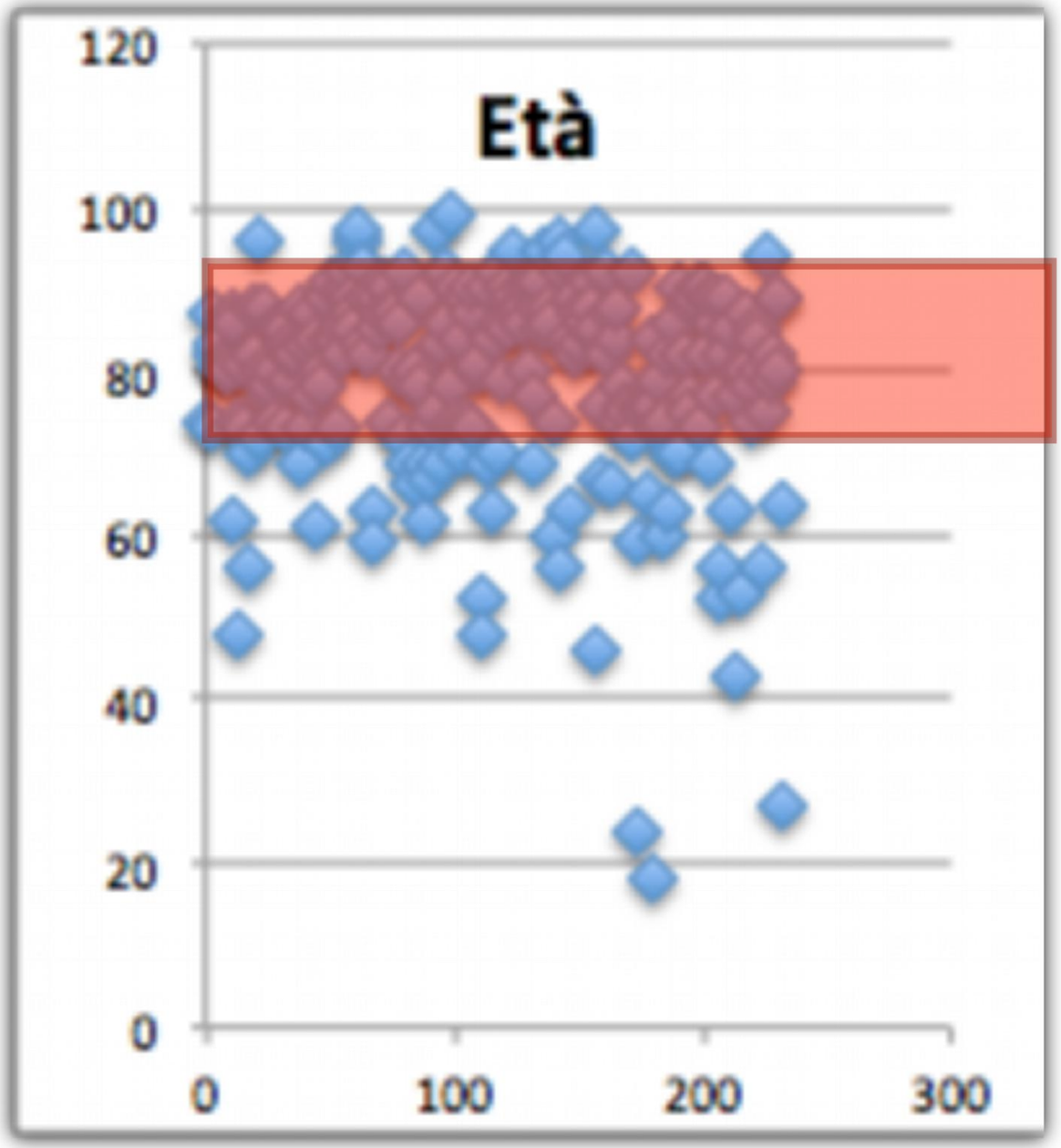
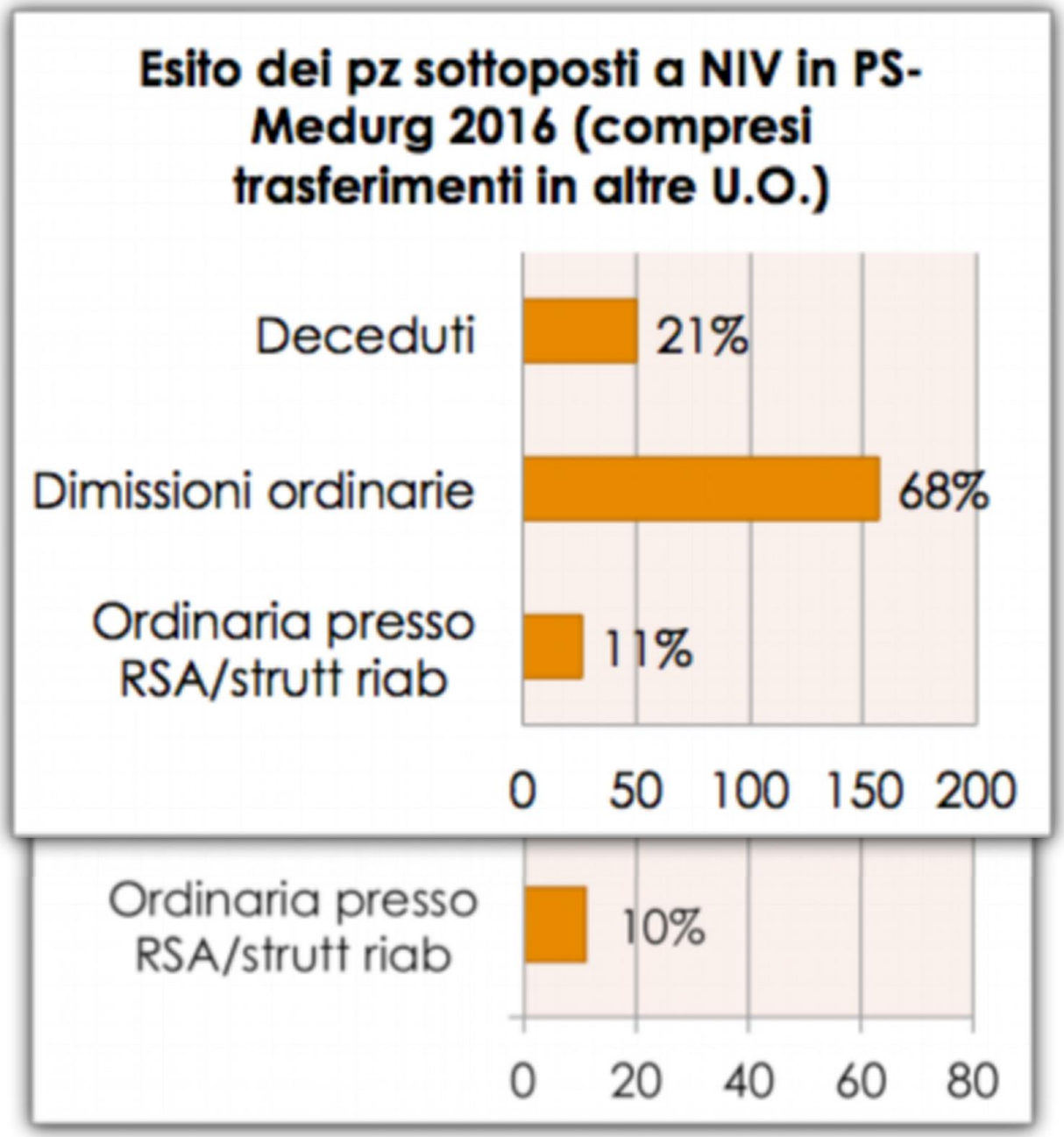
Pz sottoposti a NIV in PS - Medicina d'Urgenza, Ospedale "Infermi" Rimini



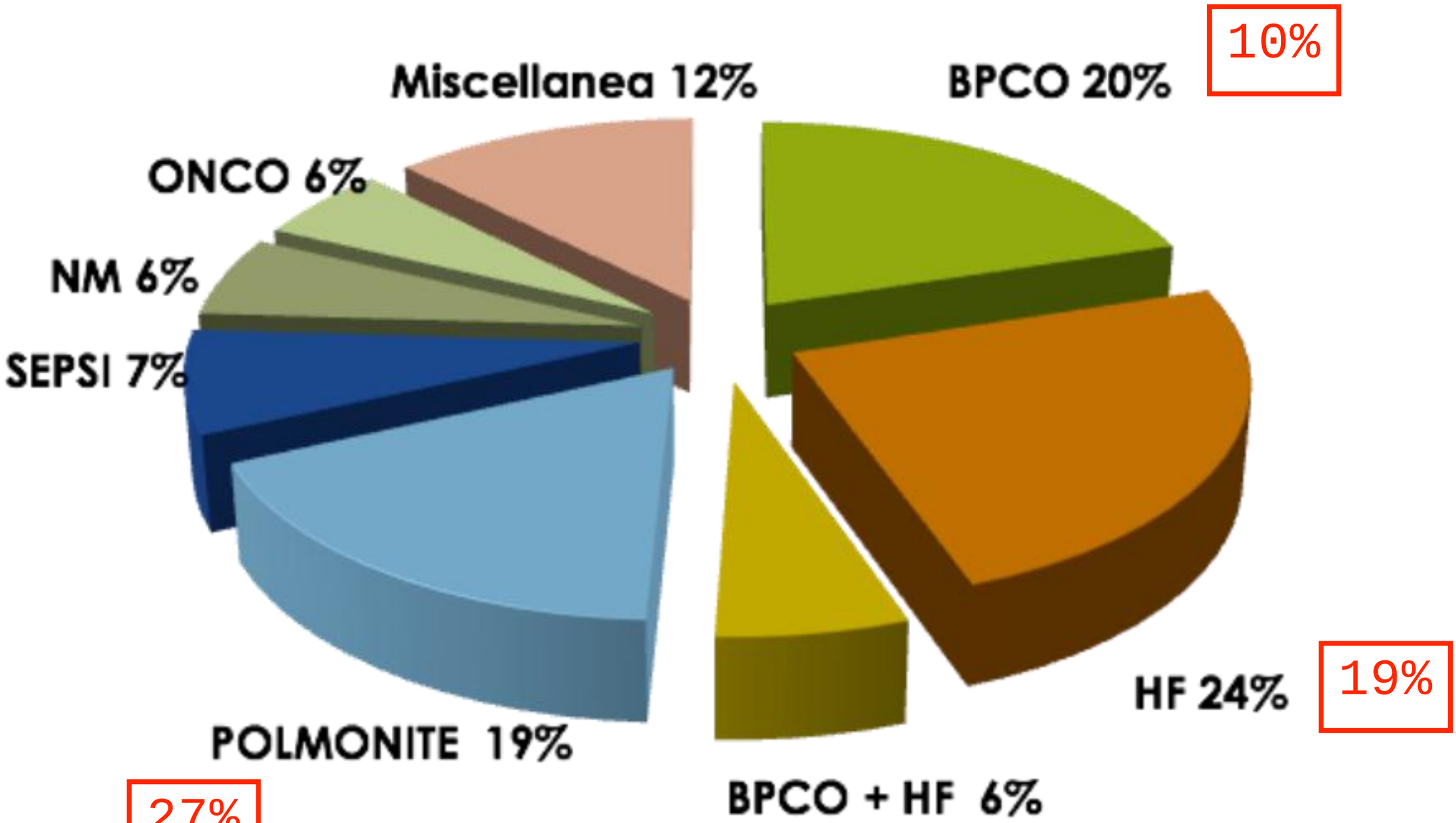
♀125 (54%)
♂108 (46%)

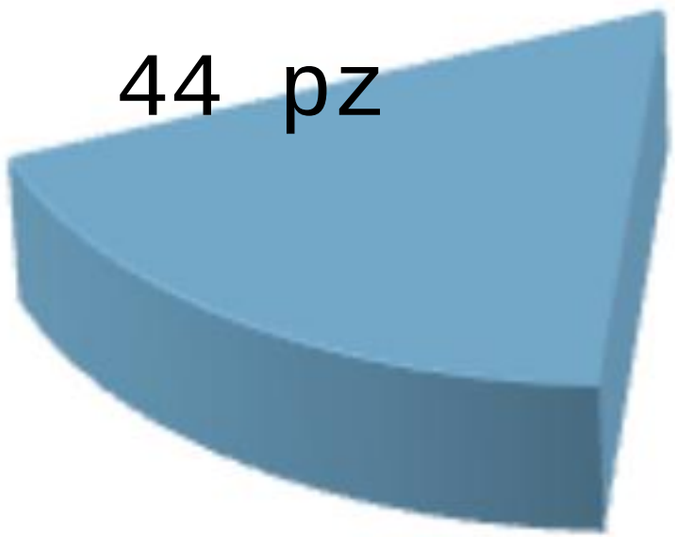
Età media 79.2
Età mediana 82





PZ SOTTOPOSTI A NIV/CPAP IN PS-MEDURG 2016





POLMONITE 19%

♀28 (64%) Età media 81.2
♂16 (36%) Età mediana 86

Nel 75% casi inizio NIV in

- Ipossiemia severa non responsiva all'O2 (34%)
- Marcato distress respiratorio (15%)
- Acidosi respiratoria severa con ipercapnia (30%)

/44 (88%) pz ricoverati in Medicina d'Urgenza;
successivo trasferimento per 28 pz (64%)

Degenza media: 15.4 gg, DS 12.6 [1-54]

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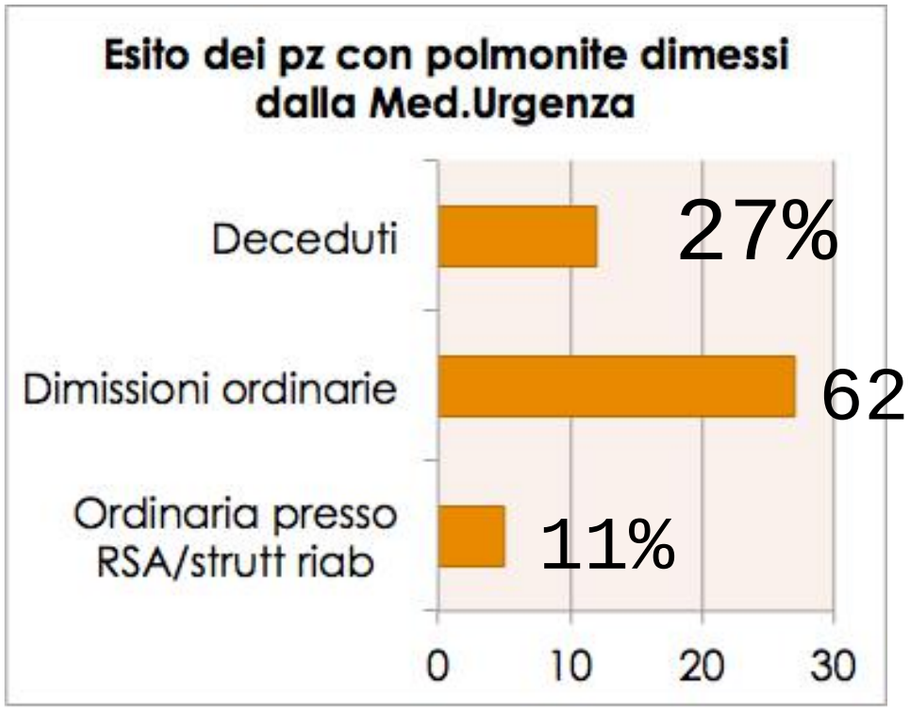


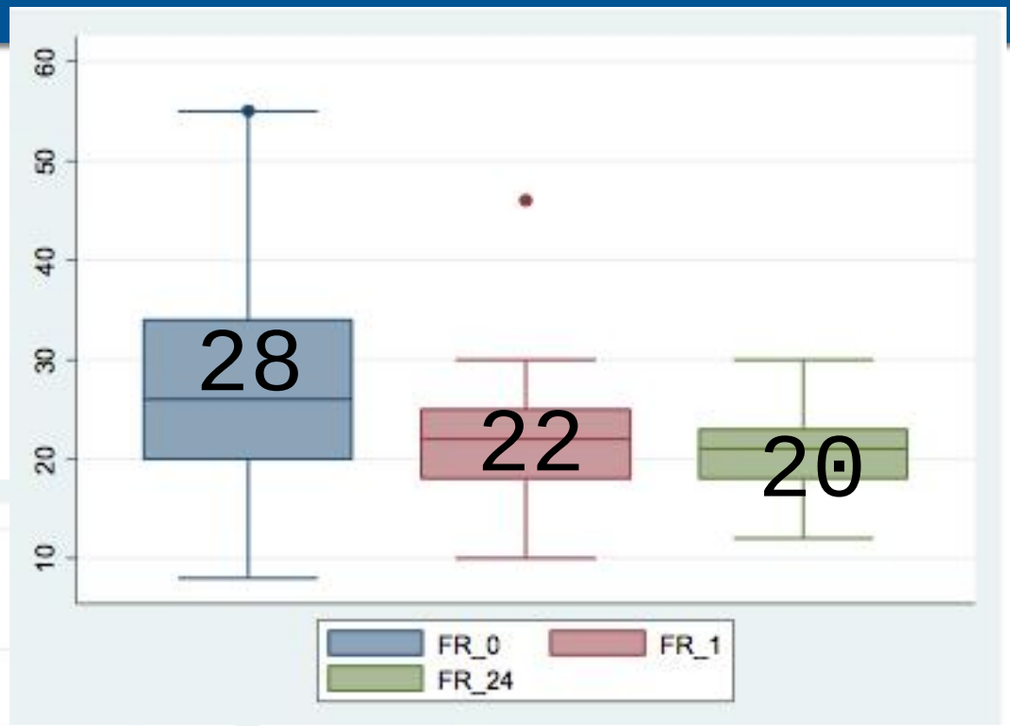
Parametri vitali e EGA al Tempo_0

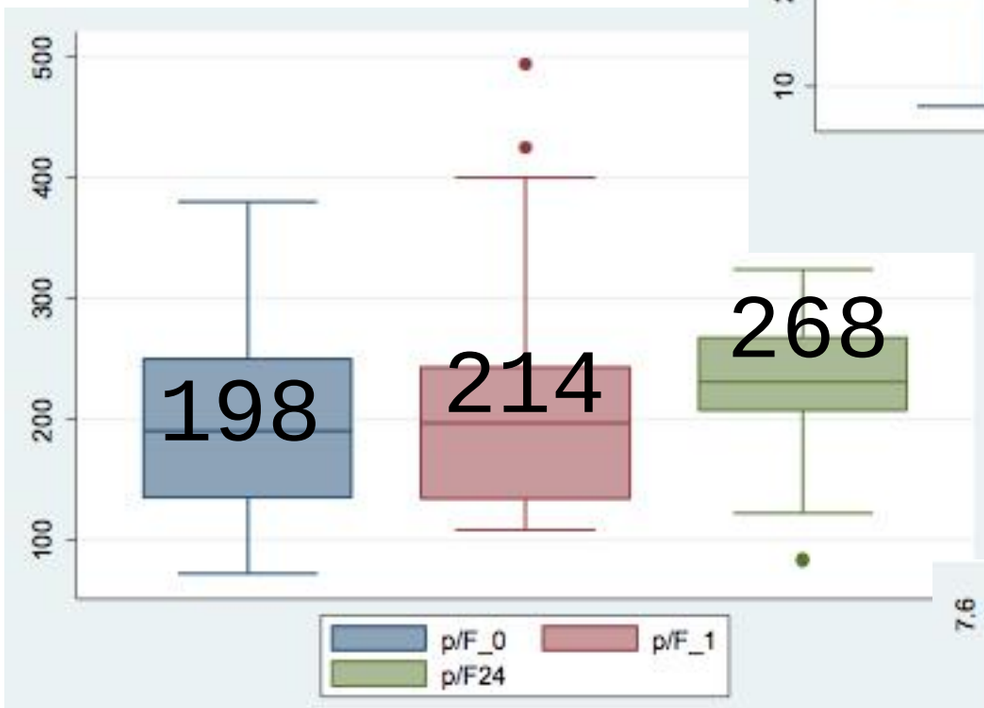
	Mean	SD	Min-Max
FC	105	±23	70-155
PAS	124	±31	80-235
PAD	71	±31	48-135
FR	28	±10	8-55
p/F	198	±74	72-380
pH	7.31	±0.96	7.03-7.59
pCO2	56	±20	22-102
Lac	1.9	±1.3	0.83-5.84

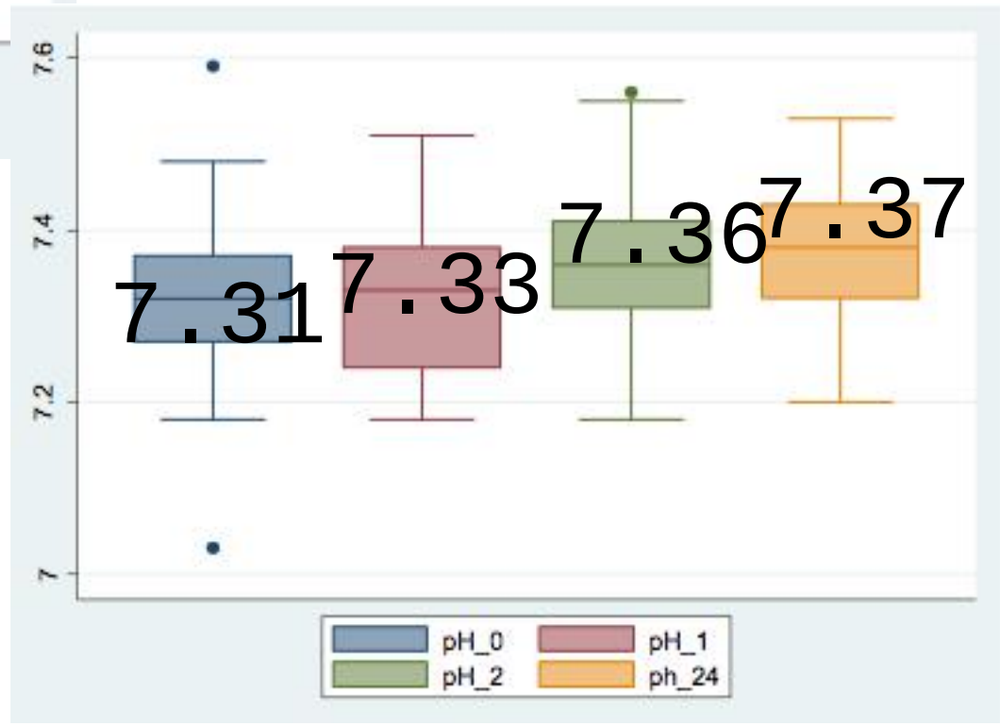
RX Torace

Infiltrati Bilaterali	6 (17%)
Consolidazioni sn scompenso	9 (24%)
Consolidazioni dx	15 (39%)
Scompenso cardiaco	4 (10%)
BPCO	18 (47%)
Cardiopatia ischemica cronica	10 (26%)
IR cronica in OLT	8 (12%)
Demenza (Alzheimer, senile)…)	14 (36%)
Oncologici (linfomi, adk,)	4 (11%)
Neuromuscolari	3 (9%)
DNT	(61%)

Tempo_1
(Tempo_2)
Tempo_24



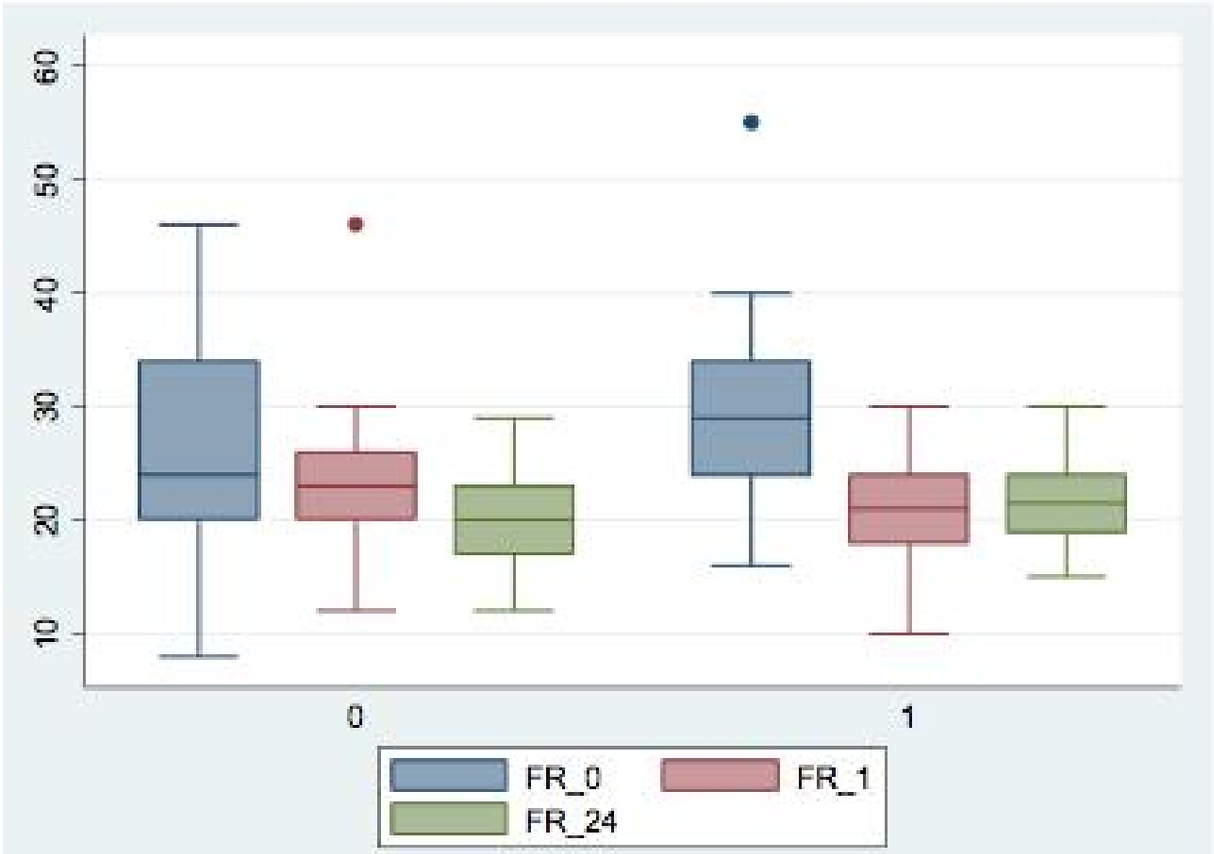


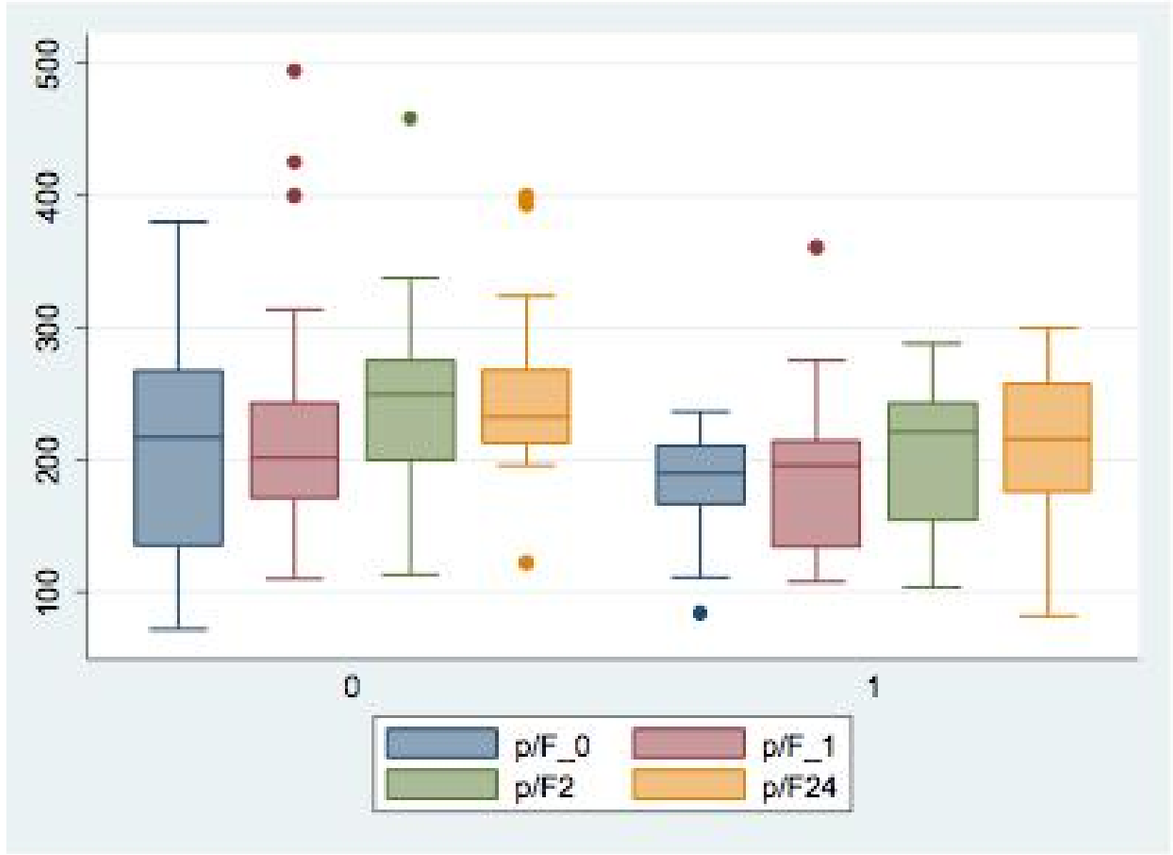


Parametri vit

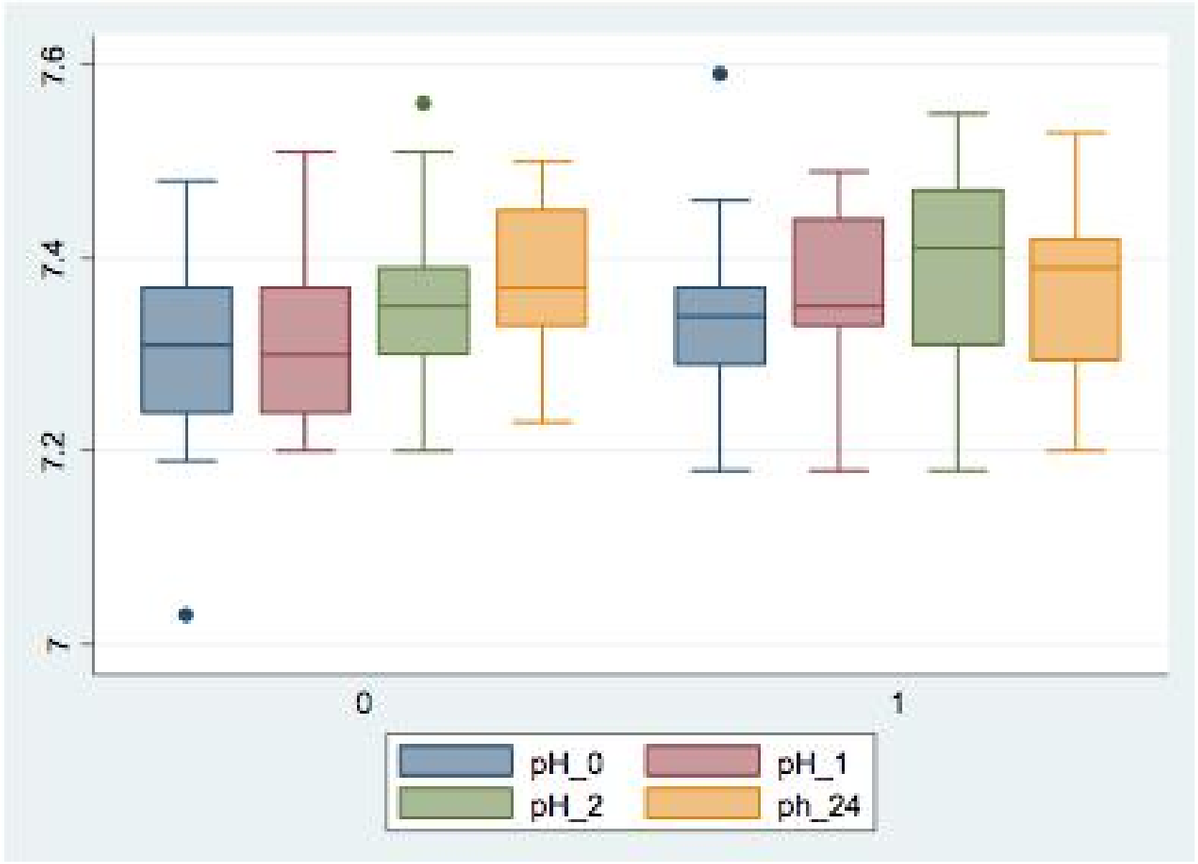
p/F - pH

Score predit





0 = Success (30)



1 = Failure (14)

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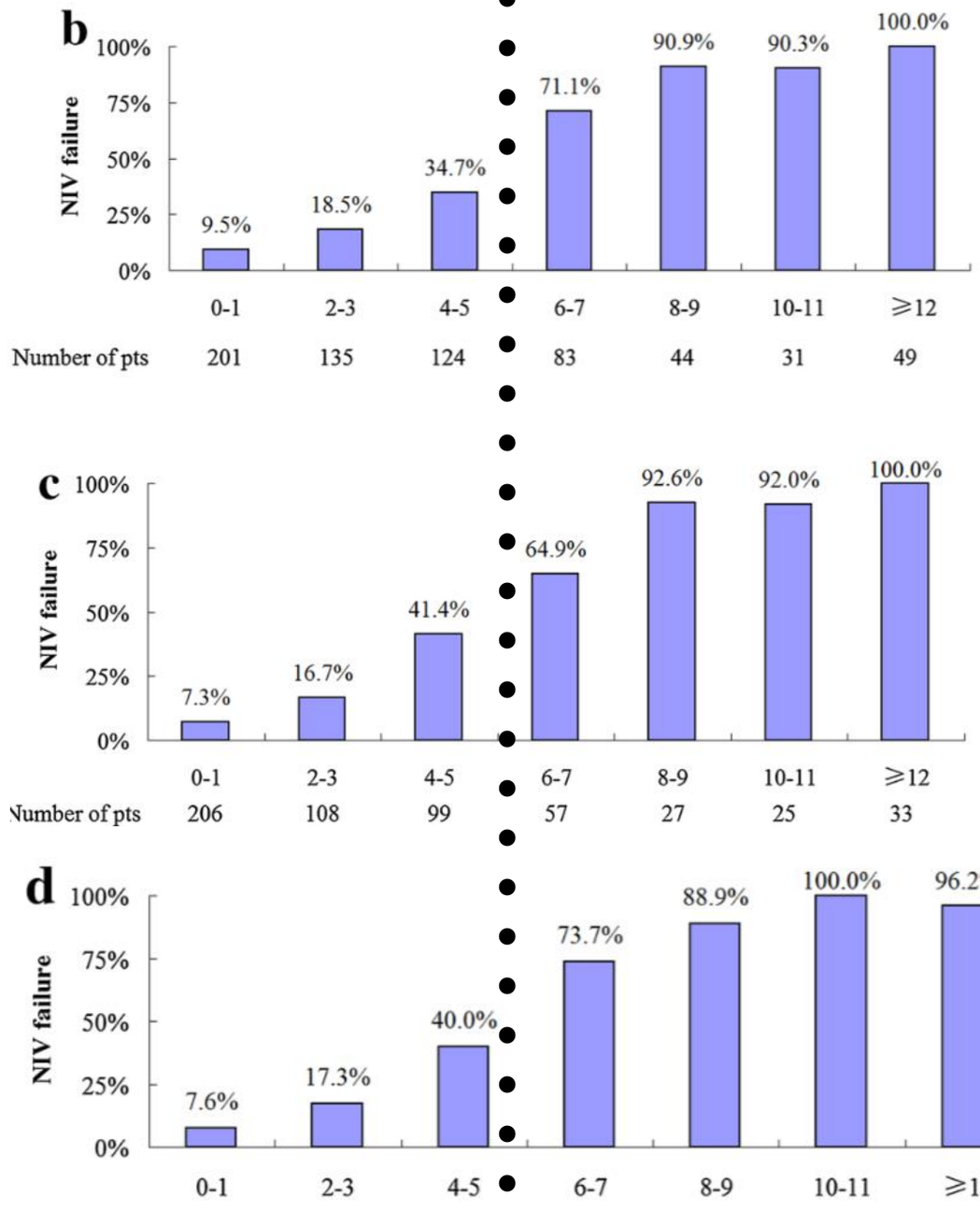
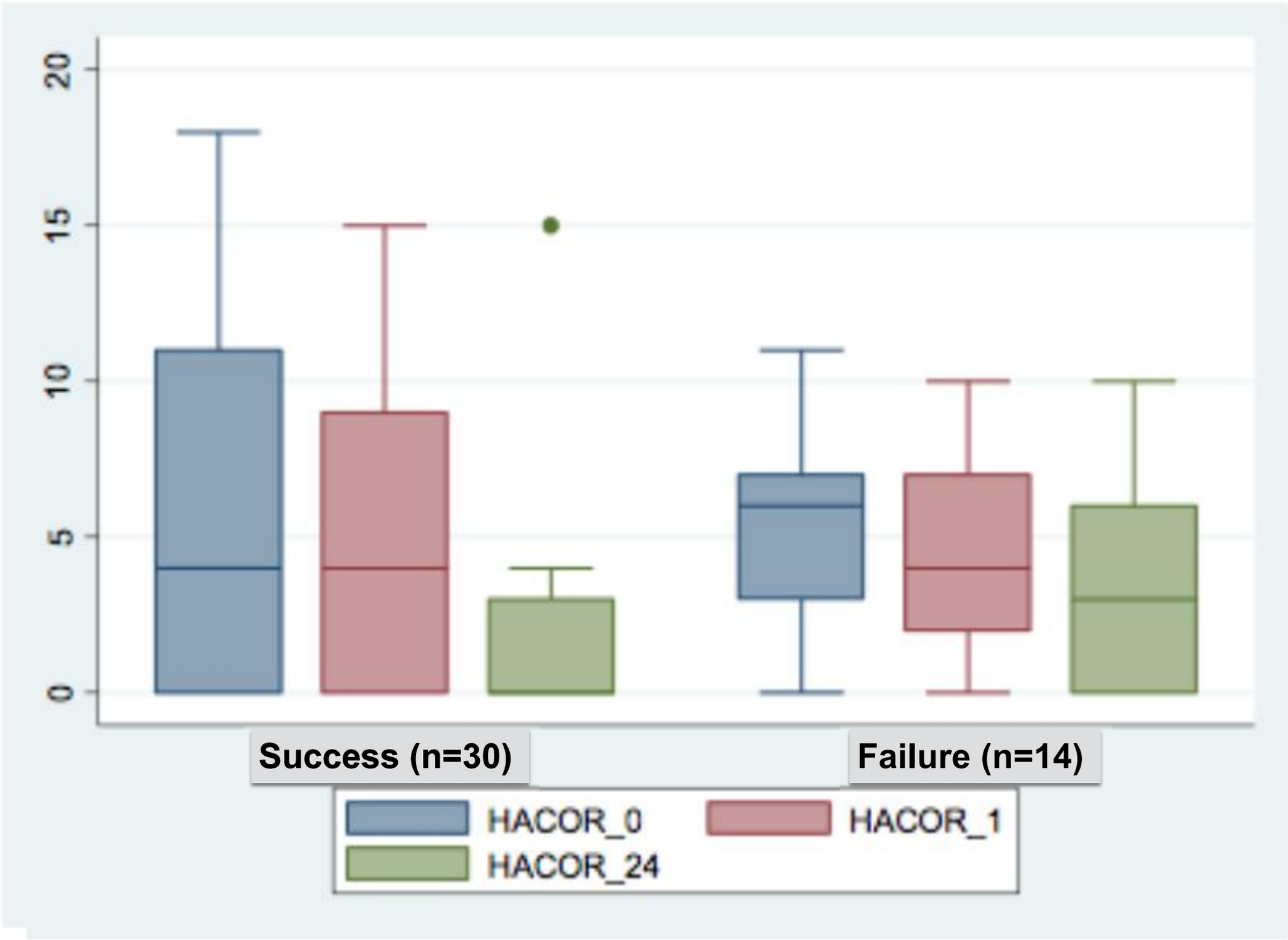
HACOR score > 5 at 1 h treatment onset predicts failure

Heart Rate	≤ 120	0
	≥ 121	1
Acidosis	≥ 7.35	0
	7.30-7.34	2
	7.25-7.29	3
	< 7.25	4
Consciousness GCS	15	0
	13-14	2
	11-12	3
	< 10	4
Oxygenation p/F	≥ 200	0
	176-200	2
	151-175	3
	126-150	4
	101-125	5
	≤ 100	6
Respir Rate	≤ 30	0
	31-35	1
	36-40	2
	41-45	3
	≥ 45	4



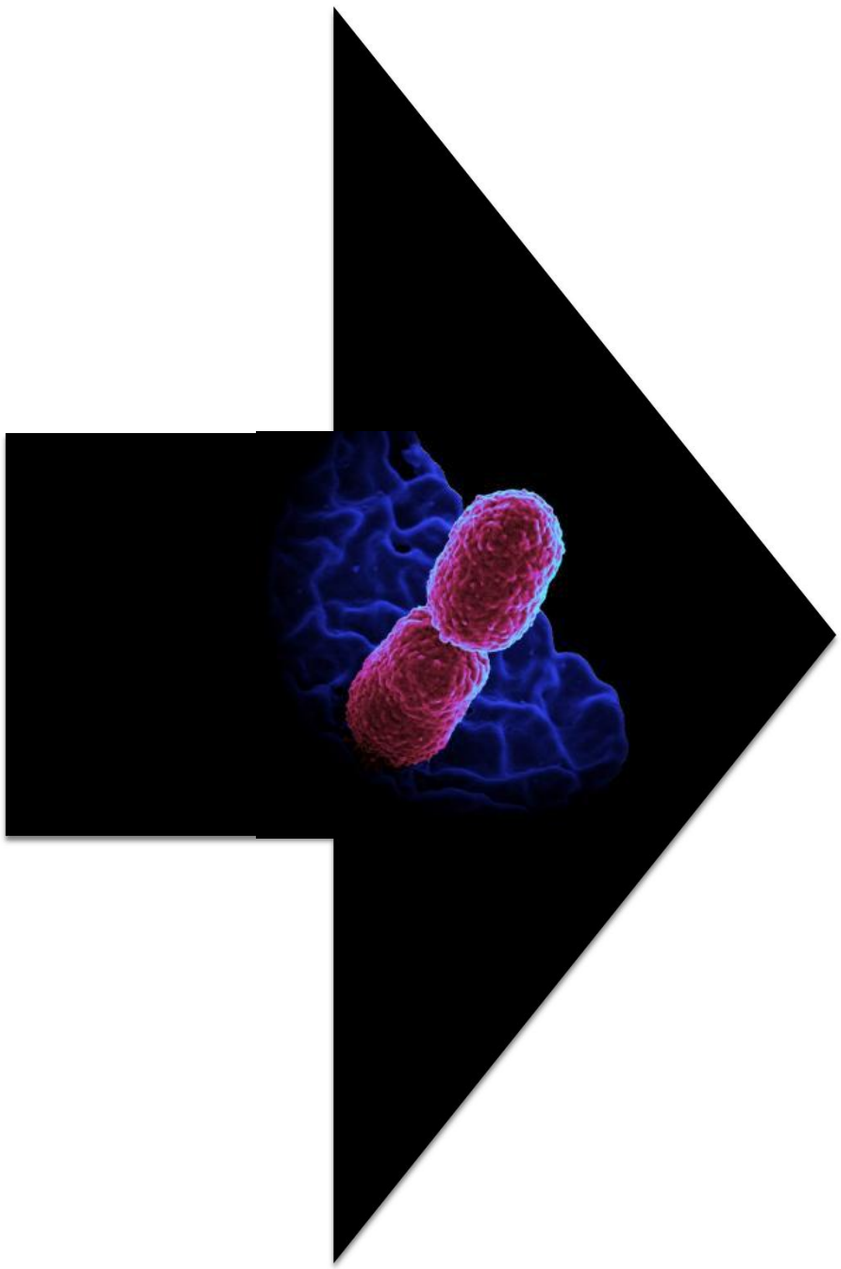
Duan J et al, Intensive Care Med 2017; 43


20
15
10
5
0
Success (n=30)
Failure (n=14)
HACOR_0
HACOR_1
HACOR_24

	Success (n=30)	Failure (n=14)	
			p (t-test)
Età (media, DS)	79.2 (14,5)	85,40 (10,2)	0,159
			p (test chi2)
HACOR 24 > 5	1/25 (4%)	4/13 (31%)	0,021
HACOR 24 > 3	3/25 (12%)	6/13 (46%)	0,019

	Success (n=30)	Failure (n=14)	
			p (t-test)
Età (media, DS)	79.2 (14,5)	85,40 (10,2)	0,159
			p (test chi2)
HACOR 24 > 5	1/25 (4%)	4/13 (31%)	0,021
HACOR 24 > 3	3/25 (12%)	6/13 (46%)	0,019
qs 24 > 1	3/20 (15%)	4/12 (33%)	0,225

HACOR Cut off point	Sensibilità	Specificità	% di corretta classificazione
0	100%	0%	34%
> 0	69%	56%	61%
> 1	69%	60	63%
> 2	62%	72%	68%
> 3	**46%**	**88%**	**74%**
> 5	**31%**	**96%**	**74%**
> 7	15%	96%	68%
> 9	8%	96%	66%
>14	0%	96%	63%
>15	0%	100%	66%



NIV

Antibiotico

Fluidi

±

Vasopressori

♀67 anni

p/F_0 211 → p/F_1 197

♂76 anni

p/F_0 111 → p/F_1 131

razie per l’attenzione

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