Record Nr. Autore Titolo Pubbl/distr/stampa	UNINA9910300331903321 Nava Stefano Non Invasive Artificial Ventilation : How, When and Why / / by Stefano Nava, Francesco Fanfulla Milano : , : Springer Milan : , : Imprint : Springer, , 2014
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Nota di bibliografia	Includes bibliographical references.
Nota di contenuto	 Why to use NIV to wean a patient 2. Mechanical ventilation physiology 3. (Almost) all you want to know about a ventilator 4. Interfaces for NIV 5. When to start (or not) a ventilator treatment 6. Modalities to wean a patient undergoing NIV 7. How to set up the ventilator 8. Other ventilation modalities 9. Why NIV is beautiful? 10. Myths, prejudices and real problems 11. Non invasive ventilotherapy in acute respiratory failure treatment: the five marvelous 12. Non invasive ventilotherapy in acute respiratory failure treatment: emerging indications 13. Non invasive ventilotherapy in acute respiratory failure treatment: controversial indications 14. Eight rules to remember when using NIV to wean a patient 15. Tricks and trips of NIV 16. Negative predictors 17. Where to wean a patient during NIV 18. Non invasive ventilotherapy

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	monitoring 19. How to interpret curves on a ventilator screen 20. Chronic mechanical ventilation: does a rationale exist? 21. Chronic ventilation in BPCO 22. Ventilation in patients with restrictive diseases 23. Rational bases of ventilation during sleep 24. Night ventilation: when CPAP, when NIV.
Sommario/riassunto	Over the last two decades, the increasing use of noninvasive ventilation (NIV) has reduced the need for endotracheal ventilation, thus decreasing the rate of ventilation-induced complications. Thus, NIV has decreased both intubation rates and mortality rates in specific subsets of patients with acute respiratory failure (for example, patients with hypercapnia, cardiogenic pulmonary edema, immune deficiencies, or post-transplantation acute respiratory failure). Despite the increased use of NIV in clinical practice, there is still a need for more educational tools to improve clinicians' knowledge of the indications and contraindications for NIV, the factors that predict failure or success, and also what should be considered when starting NIV. This book has the dual function of being a "classical" text where the major findings in the literature are discussed and highlighted, as well as a practical manual on the tricks and pitfalls to consider in NIV application by both beginners and experts. For example, setting the ventilatory parameters; choosing the interfaces, circuits, and humidification systems; monitoring; and the "right" environment for the "right" patient will be discussed to help clinicians in their choices.