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| 1. Record Nr.           | UNINA9910360560403321  |
| Autore                  | Di Nola, Patrizia  |
| Titolo                  | Progetti per Fiumicino / Patrizia Di Nola, Giancarlo Priori  |
| Pubbl/distr/stampa      | [S.l. : s.n.], stampa 2007 ( (Roma) : tip. Art Coloro Printing   |
| Descrizione fisica      | 67 p. : ill. ; 16x23 cm  |
| Altri autori (Persone)  | Priori, Giancarlo <1949->  |
| Locazione               | DARPU  |
| Collocazione            | 2230 SEZ. ANDRIELLO  |
| Lingua di pubblicazione | Italiano   |
| Formato                 | Materiale a stampa   |
| Livello bibliografico   | Monografia   |
| 2. Record Nr.           | UNINA9910300331903321  |
| Autore                  | Nava Stefano   |
| Titolo                  | Non Invasive Artificial Ventilation : How, When and Why // by Stefano Nava, Francesco Fanfulla   |
| Pubbl/distr/stampa      | Milano : , : Springer Milan : , : Imprint : Springer, , 2014   |
| ISBN                    | 88-470-5526-1  |
| Edizione                | [1st ed. 2014.]  |
| Descrizione fisica      | 1 online resource (210 p.)   |
| Disciplina              | 615.83620284   |
| Soggetti                | Respiratory organs—Diseases<br>Critical care medicine<br>Emergency medicine<br>Medical rehabilitation<br>Neurology<br>Pneumology/Respiratory System<br>Intensive / Critical Care Medicine<br>Emergency Medicine<br>Rehabilitation Medicine |
| Lingua di pubblicazione | Inglese  |
| Formato                 | Materiale a stampa   |
| Livello bibliografico   | Monografia   |

Note generali	Description based upon print version of record.
Nota di bibliografia	Includes bibliographical references.
Nota di contenuto	<p>1. 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 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.</p>
Sommario/riassunto	<p>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.</p>