

An International Survey of Noninvasive Ventilation (NIV) Use for Acute Respiratory Failure: A Follow Up Survey

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Rational: Non-invasive ventilation (NIV) continues to be part of the cornerstone of management for ARF with greatly increased use over the last decade.¹ Previous data has supported the use of NIV outside of the ICU² and prior surveys highlighted a wide degree of heterogeneity when it comes to the use of and implementation of NIV.^{iii,iv,v} We previously published data reflecting an international survey on the use of NIV and how practice varies across the globe.^{vi} Given the ever-evolving landscape in medicine, we sent out a new survey to see how and if the use of NIV has changed over time. **Methods:** We developed an extensive survey to assess how NIV is used across the globe throughout different hospitals. Our data seeks to analyze international trends related to services, wards in which NIV can be applied, the patient populations receiving NIV, the quantity for NIV across the respondents' hospital. The survey was shared via email using an online survey system. **Results/discussions:** We received 651 responses representing 54 different countries across the globe with 66% of respondents having more than 10 year's experience within the field of pulmonary and critical care medicine. More than 50% of the respondents work in hospitals with more than 300 beds. Providers frequently apply NIV for both hypoxemic and hypercapnic respiratory failure with chronic obstructive pulmonary disease (COPD) being the most common cause globally for the use of NIV in our survey. The most common cause of failure in our survey was noted to be excessive secretions (50%). 17% of respondents also noted a failure of NIV due to delay of initiation of NIV. A significant proportion of respondents (40%) also use NIV on non-monitored units which is significant decrease from our prior (albeit smaller) survey where 66% of respondents use NIV on the regional wards.^{vi} In addition to our previous study these data help shed light and understanding about the use of NIV varies and also reflects the current high burden of COPD across the globe. Additionally, based on our data NIV is used globally in situations where there is less data to support the use of NIV such as asthma, and pneumonia. **Conclusions:** NIV use is becoming ubiquitous world-wide and across a mode of different specialties. The institution of protocols and data sharing across hospital systems should be applied to help make the use of NIV safer both inside and outside of critical care units.

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