

# PATIENT SELECTION CRITERIA

## Noninvasive Positive Pressure Ventilation (NPPV) For Managing Chronic Respiratory Insufficiency/Failure

Name: \_\_\_\_\_ ID# \_\_\_\_\_ Date: \_\_\_\_\_

History and Physical Exam Completed: \_\_\_\_ Yes \_\_\_\_ No Date of Exam: \_\_\_\_\_

Primary and Secondary Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Physician: \_\_\_\_\_ Person Completing Form: \_\_\_\_\_

### INDICATIONS FOR USE

#### I. Does the spontaneously breathing patient have signs/symptoms of Respiratory Insufficiency/Failure? (more than one documented during the past year)

- |   |   |
|---|---|
| <input type="checkbox"/> Daytime Sleepiness           | <input type="checkbox"/> Excessive Fatigue                                      |
| <input type="checkbox"/> Morning Headache             | <input type="checkbox"/> Decreased Activity Level                               |
| <input type="checkbox"/> Dyspnea/Shortness of Breath  | <input type="checkbox"/> Cognitive Change                                       |
| <input type="checkbox"/> Increased Oxygen Requirement | <input type="checkbox"/> Repeated Hospitalization for Respiratory Complications |

**PLUS**

#### II. Does the patient meet gas exchange/physiologic criteria? (at least one documented during the past year)

##### For COPD: At least one of the following

- PaCO<sub>2</sub> ≥ 55mm Hg
- PaCO<sub>2</sub> ≥ 50mm Hg with nocturnal desaturation  
(SpO<sub>2</sub> - 88% for 5 consecutive minutes on oxygen therapy @ 2 lpm)
- PaCO<sub>2</sub> ≥ 50mm Hg with > 2 hospitalization/year related to  
recurrent episodes of hypercapnic respiratory failure

##### For Restrictive Thoracic Disorders: At least one of the following

- PaCO<sub>2</sub> ≥ 45mm Hg
- Nocturnal desaturation  
(SpO<sub>2</sub> - 88% for 5 consecutive minutes on room air)
- Maximal Inspiratory Pressure (MIP) above -50 cm H<sub>2</sub>O
- Forced Vital Capacity (FVC) - 50% of predicted

##### For Nocturnal Hypoventilation: Must have a Polysomnogram plus one of the following

- Patient has failed CPAP or CPAP is not effective
- Patient has significant Hypoventilation  
which is unlikely to respond to CPAP alone
- Patient has central sleep apnea requiring ventilation with a rate setting

**PLUS**

#### III. Does the patient meet any of the exclusion criteria? (anyone of the following restricts use of NPPV)

- Unable to maintain a patent upper airway
- Uncooperative or unmotivated
- Bullous lung disease

The Patient Selection  
Criteria information  
should not be substituted  
for a clinical assessment  
procedure. It is intended  
as a guide to establish a  
patient's potential need  
for NPPV based on  
available information.