

# *Management of Optiflow Therapy By A Critical Care Outreach Service And Analysis Of Patient Outcomes*

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# Background

- 'iMobile' multidisciplinary CCOT at Kings and PRUH sites
- HFNC~ Optiflow offered as a ward based intervention managed entirely by iMobile team
- Beneficial for:
  - Type One Respiratory Failure
  - Symptomatic Relief of Dyspnoea

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# Background continued..

- Benefits of ward based treatment;
  - Trial of therapy
  - Potential avoidance of critical care admission
  - Available to patients with a ceiling of ward based care
  - Intensive input from critical care team

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# Aim of Audit

To measure patient outcomes to ensure that ward based management of Optiflow therapy is beneficial to patients and to the service.

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# Methods

- Retrospective Audit of all patients treated with Optiflow over 1 year at DH site (2015-2016)
- Sub categorised according to treatment escalation plans;
  - Full escalation
  - Level 2 ceiling of treatment
  - Ward based ceiling of treatment
- Analysis of;
  - Critical care admission rates (for those eligible),
  - Patient outcomes
  - Survival to discharge home

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# Results

- 368 patients were treated with Optiflow. 19 had unknown escalation plans.
- 269 were for full escalation
  - 162 (60%) required critical care admission; 77% survived
  - 107 (40%) were managed entirely on the ward; 95% survived
- 28 had level 2 ceilings of treatment
  - 9 (32%) required critical care admission; 44% survived
  - 19 (68%) were managed entirely on the ward; 74% survived
- 50 had ward based ceilings of treatment
  - Despite this 24% were admitted to critical care, 50% survived
  - 38 (76%) were not admitted, 2 were palliative. 45% survived.

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# Implications for Practice

- Successful outcome data for all categories of patients
- Ward based optiflow effective with intensive and exclusive management by a multidisciplinary CCOT
- Treatment offered to those who would otherwise not have been eligible for respiratory intervention
- Comparison data with those admitted directly to critical care would be useful
- Data to analyse outcomes post hospital discharge would be useful
- Further research to compare standard symptom control with Optiflow at end of life

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