

# Safe Management of use of hoods during non- invasive ventilation

## When to preform

Can be used on commencement of NIV if available locally.

Suitable for CPAP or NIV

Change to hood from another patient interface if patient unable to tolerate other interfaces e.g. tight face mask or

If there is poor fitting of other interfaces due to patient facial contour or lack of dentition.

## How to perform

Choose correct size based on patient neck circumference.

Attach underarm straps to back of hood

Remove patient access cap and attach inspiratory and expiratory limbs of ventilator/or PEEP valve

Start ventilator

May require 2 persons to fully open up hood and slide gently over patient's head.

Once on, replace patient access cap and fully pull anti asphyxiation valve **depending on device**.

Attach underarm straps to front of mask and adjust length for patient comfort.

Inflate neck cushion so it is firm but not tight.

Reassure patient and monitor response

## Key Safety concerns/ when to call for help

Patient may re-breathe their CO<sub>2</sub> leading hypercapnia and type 2 respiratory failure.

There may be asynchrony which is when the patient does not breath with the ventilator leading to inefficient ventilation.

This may not unload work of respiratory muscles and lead to exhaustion.

Others complications include asphyxiation, pressure sores, noise, claustrophobia, vomiting, condensation.

