AVAPS (Trilogy) Vent

Does the patient have high CO2 levels?

Is the patient feeling tired throughout the day or having difficulty sleeping? (Feeling SOB while lying flat or having a falling sensation)

2 or more COPD admissions within the last 6 months

Steps for qualifying a patient for AVAPS

1. Chronic respiratory Failure consequent to COPD must be included in documentation
2. Patient will need <u>one of the following</u>
   A. PCO2 >52mm Hg or FEV1<50% of predicted
   B. PCo2 between 48-51 mm Hg or FEV1<51-60% of predicted and 2 or more respiratory related hospital admissions within the past 12 months
3. Notes must include
   a. FaceSheet
   b. Doc H/P and any Medical necessity for pressure support ventilation due to progression of disease.
   c. ABG results
   d. Information if patient was previously on bi-level with or without rate as an outpatient and documentation of why bi-level was not sufficient

Sample notes:

1. Patient requires a non-invasive ventilator due to the severity of chronic respiratory failure J96.10 consequent to COPD J44.9. Ventilation is required to decrease work of breathing, improve pulmonary status and interruption of respiratory support could lead to serious harm including decline in health status, increased risk of CO2 retention and death. Patient requires AVAPS over BIPAP due intolerance of BIPAP and continued distress. Patient is able to clear their secretions and protect their airway.

2. Patient requires a non-invasive ventilator due to the severity of chronic respiratory failure J96.10 consequent to COPD J44.9. Ventilation is required to decrease work of breathing, improve pulmonary status, improve mobility and interruption of respiratory support could lead to serious harm including decline in health status.

3. Patient has a diagnosis of Acute on Chronic Systolic Congestive Heart Failure, NYHA Class, Pulmonary Hypertension and Obesity Hyperventilation Syndrome. The patient has completed an ABG on <u>Date</u> and their CO2 was _____. Patient requires Non Invasive Volume Ventilation due to OHS; all forms of Bipap have been considered and ruled out, including Bi-level AVAPS. Patient requires pressures greater than 30cmh2o, which is not supported by a Bi-level AVAPS due to body hiatus. A traditional ventilator will exceed pressures greater than 30cmh2o with a max pressure of

50 cmh2o. The patient is able to protect airway and clear secretions adequately. Patient will benefit from noninvasive ventilation therapy