




How to start NIV for obesity hypoventilation syndrome (OHS)? NIV initiation settings for OHS patients: Mode Pressure Support

| Variable | Effect | Initial setting | Adjustment | How to monitor the setting? | Settings |
|-----------------------------|--|-----------------------|---|--|---|
| Inspiratory Pressure / IPAP | Pressure support | 15 cmH ₂ O | + 2 cmH ₂ O Every 2 min up to the maximum tolerated | Respiratory rate Patient's comfort | Insp. Pressure 15.0 cmH ₂ O PEEP 7.0 cmH ₂ O PScal 8.0 cmH ₂ O Rise Time 2  Insp. Trigger 2  Exp. Trigger 7  Min Insp. Time 1.0 s Max Insp. Time 2.0 s Backup Rate 8 bpm Backup Insp. Time 1.6 s Target Volume Off Auto EPAP Off |
| PEEP/EPAP | Counterbalance intrinsic PEEP | 7 cmH ₂ O | + 1 cmH ₂ O As long as an increase decreases the effort to start the breath | Patients effort to trigger the ventilator Synchronization: Ineffective inspiratory efforts | |
| Rise time | The speed of delivery of the inspiratory phase of the breath | 2 (short) | + 1 As long as the air comes too quick and creates overshoot | Synchronization: Flow overshoot | |
| Inspiratory Trigger | Trigger the ventilator breath | 2 (sensitive) | + 1 As long as auto trigger is present | Patients effort to trigger the ventilator Synchronization: Ineffective inspiratory efforts and / or auto triggering | |
| Expiratory trigger | Cessation of the breath in | 7 | ± 1 According to patient comfort | Synchronization: premature or late cycling | |
| Min Insp Time | Ensure a minimal breath time | 1.0 s | | Asking the patient if when they make no effort to breathe if the breath in is long enough | |
| Max Insp Time | End the mechanical breath if expiratory trigger fails | 2.0 s | Current time + 0.2 s | | |
| Backup Rate | Ensure a minimal breaths per minute | 8 | Current rate - 4 | Asking the patient if the breaths are coming at the right speed | |