

AARC: Intermittent Positive Pressure Breathing – 2003 Revision & Update

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Indications:

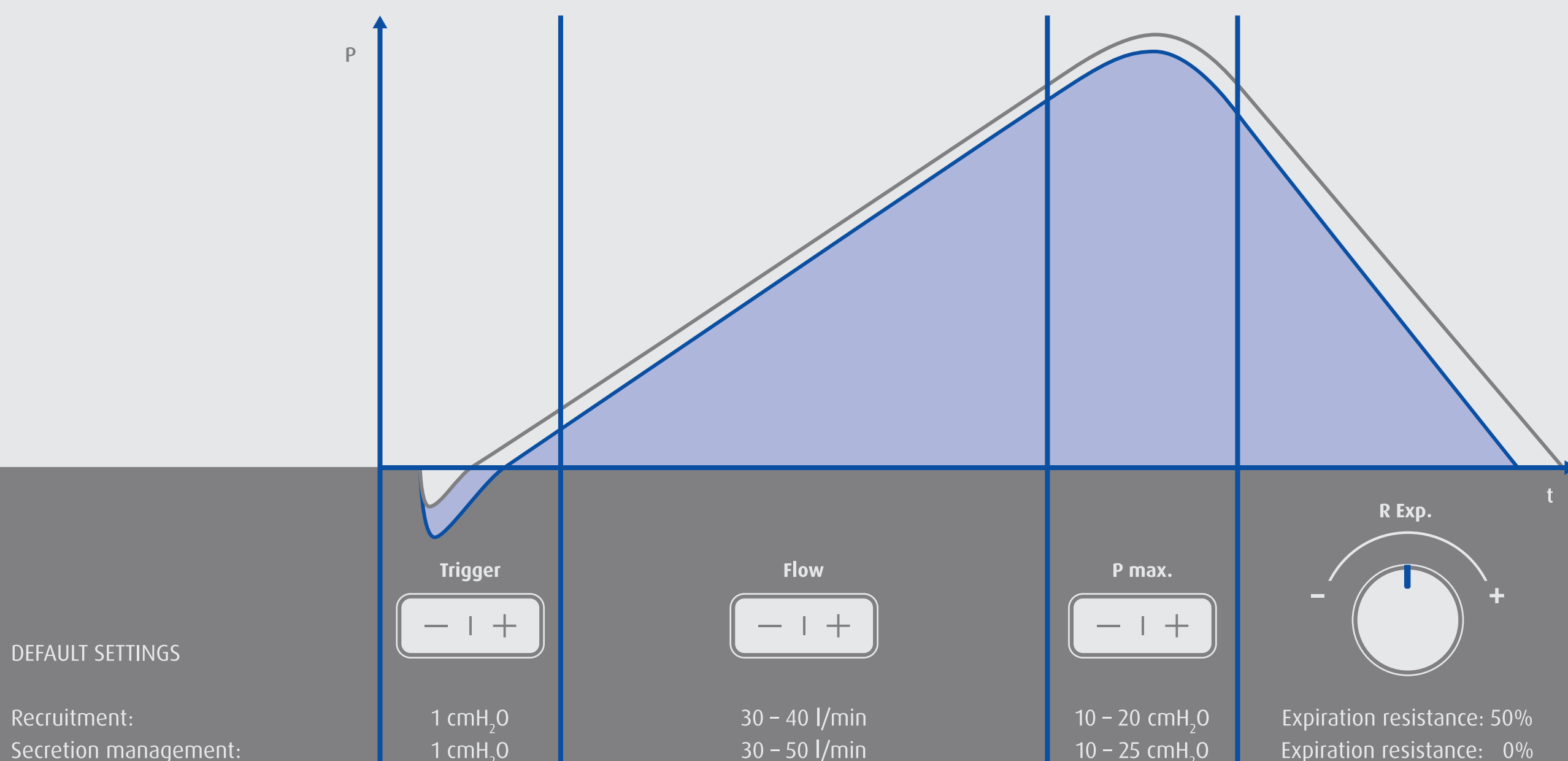
- Atelectasis, especially when
 - other forms of therapy have been unsuccessful
 - the patient cannot cooperate
- Reduced secretion clearance
- Preservation of breathing activity to prevent intubation and mechanical ventilation
- Inhalation therapy, especially with fatigue of ventilatory muscles
- Decrease of dyspnea, mainly with dynamic hyperinflation



Contraindications:

- Tension pneumothorax
- High intracranial pressure (ICP > 15 mmHg)
- Hemodynamic instability
- Recent facial, oral, or skull surgery
- Tracheoesophageal fistula
- Recent esophageal surgery
- Nausea
- Active hemoptysis
- Active untreated tuberculosis
- Singulation (hiccups)

Operation

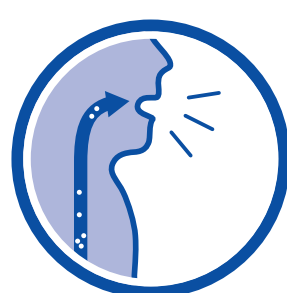


Therapeutic effects



Recruitment

- Improved oxygenation and ventilation
- Avoidance of end-expiratory collapse of the smaller airways



Cough provocation, secretion management

- Liquefaction and mobilization of secretions
- Improved cough effectiveness



Drug nebulization

- Secretolysis and bronchospasmolysis in combination with inhalation therapy
- Improved circulation of aerosol medication



Oxygen treatment

- Continuation of oxygen treatment during breathing therapy