

# CPAP IN CORONARY CARE: PREVENTING AN ICU ADMISSION

AquaVENT® FD140i Dual Therapy Gas Flow Driver

## BACKGROUND

The Cardiology Department was aware of the presence of an AquaVENT® FD140i device in the hospital and expressed an interest in assessing its potential advantages within their unit. Following training provided by Armstrong Medical, the unit's staff discovered the device's complete capabilities and how it could benefit their patients.

## PROBLEM OR CHALLENGE

Male patient in his early 20s presented to our coronary care department following chest trauma secondary to a fall.

Presenting symptoms were:

- acute dyspnoea
- hypoxia
- chest wall pain

Patient was treated for community acquired pneumonia, hypoxia, pericardial and pleural effusions. On admission to coronary care, patient desaturated and required CPAP.

## SOLUTION

We have recently changed our CPAP to Armstrong Medical's AquaVENT® FD140i as it has the advantage of being able to switch between CPAP and high flow nasal specs, depending on the patient's condition.

Being fairly new to CPAP we required additional support from Armstrong Medical's Training Team. Initially we encountered a few issues with alarms but with David's support we identified these alarms were due to a poor seal from mask to facial contour. We also required support understanding the various CPAP settings. David was very patient and provided teaching sessions to all staff. He was also on hand for any issues that arose. The patient required CPAP for 48hrs.

## BENEFITS AND OUTCOMES

We were able to wean the patient's CPAP until he no longer required any oxygen therapy. Having the high flow nasal oxygen incorporated in the function of the machine meant that when the patient was having his meals or required a break from CPAP we could use high flow nasal oxygen.



## PROFILE

**ALTNAGELVIN AREA  
HOSPITAL,  
NORTHERN IRELAND**

Marie McGrellis  
Cardiology Ward Manager  
**CARDIOLOGY  
DEPARTMENT**

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**As a result of this device, we were able to avoid an admission to intensive care which would have been very frightening for such a young patient. We also saw a reduction in bed stay days and provided safe, effective care to a sick young man.**

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