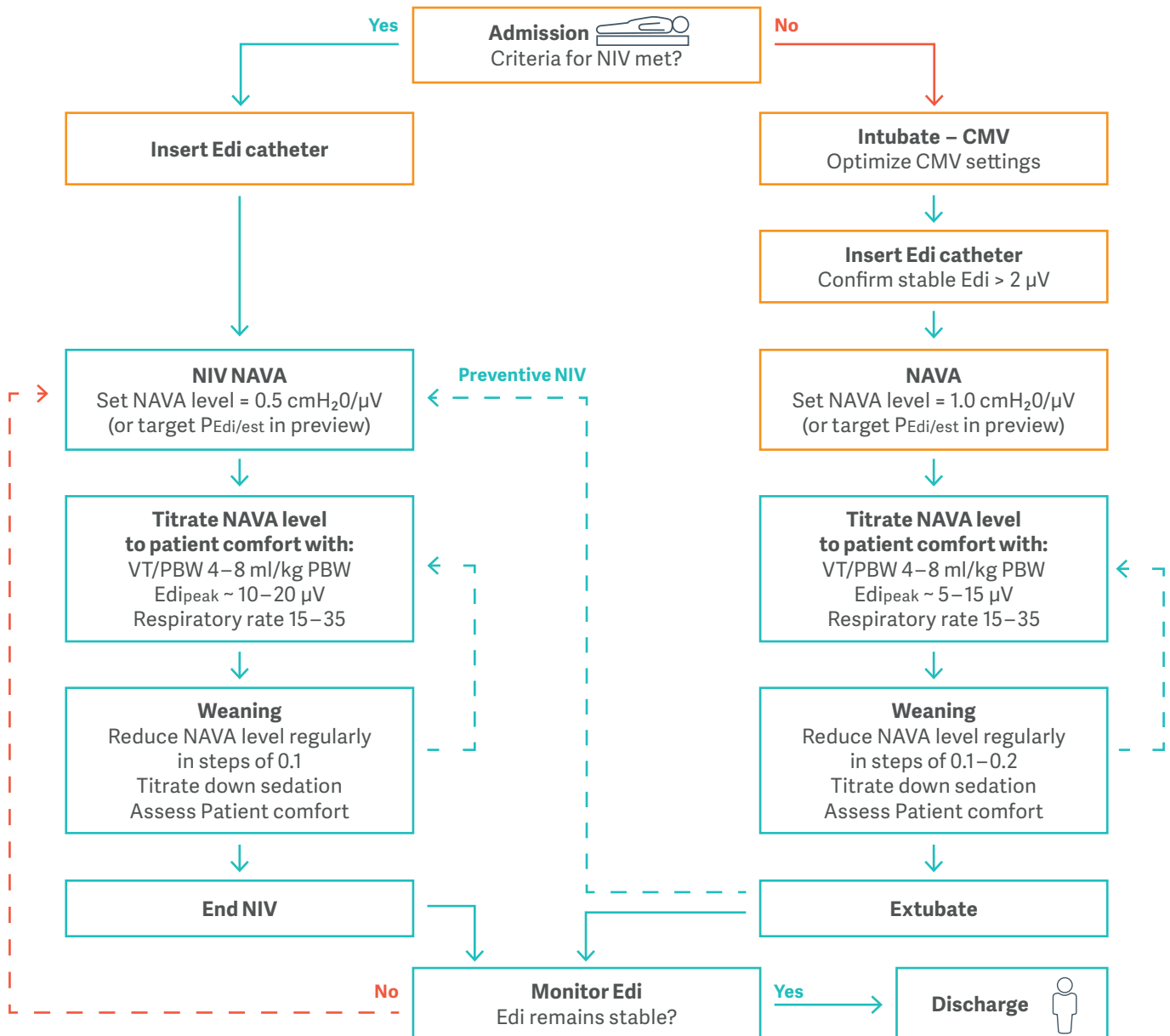


NAVA flowchart – Adult



COPD patient observations:


- Clinically observed Edipeak values for patients with COPD or other chronic pulmonary diseases may be higher than 15–20 µV.
- A higher NAVA level may be needed to unload and take over an adequate amount of work of breathing from the patient. A higher proportion of resistive pressure must be compensated for.

PEEP/O₂ titration strategies:

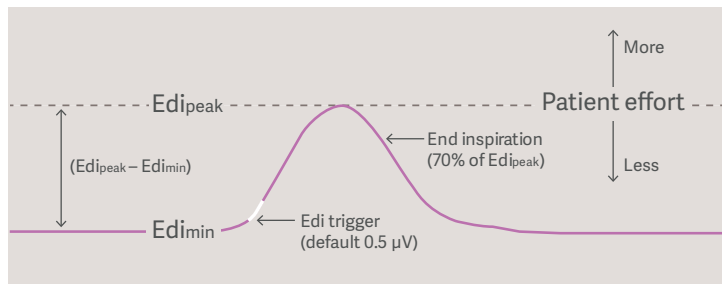
- Follow local policies and protocols, e.g. personalized to oxygenation, hemodynamics and patient physiology.
- Edi-guided PEEP titration may be performed by small incremental or decremental steps. Average Edipeak can then be assessed when the respiratory drive has stabilized at the new PEEP level.

Weaning and liberation:

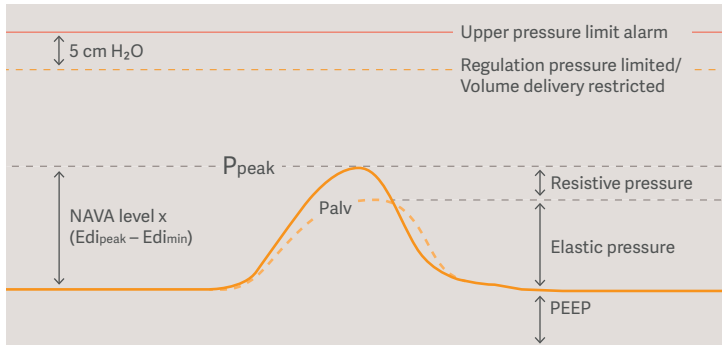
- Follow local weaning policies and protocols. Integrate NAVA level and Edi as decision criteria.
- Post-extubation NIV NAVA may be used for 24–48 h for frail patients e.g. with previous weaning failure, ineffective cough, excessive secretions and comorbidities).

 Refer to the SERVO-i/u User’s Manual for operation of the ventilator

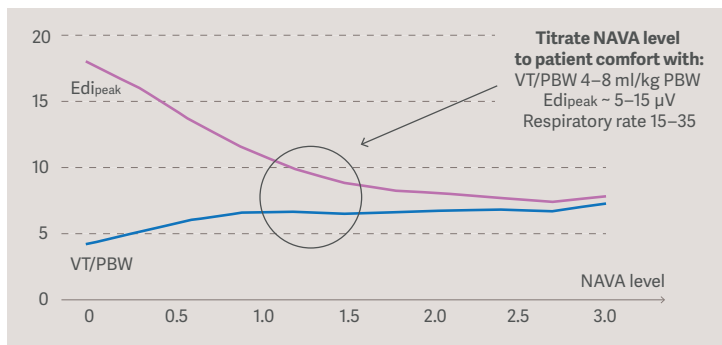
Edi – Patient’s respiratory drive



Edi – Pressure proportionality



NAVA level – Edi – Tidal Volume/PBW



Trouble shooting

No or Low Edi signal

- High sedation level?
- Patient overassisted?
- Edi catheter out of position?
- Phrenic nerve injury?

Increased Edi signal

- Too low NAVA level? Patient underassisted?
- Too low PEEP? Atelectasis/Cyclic tidal recruitment?
- Airway obstruction, e.g. secretion?
- Worsened disease condition?
- Too low pH and/or high PaCO₂? Patient not ready for a support ventilation mode?

Flow triggering or switch to NAVA(PS) backup

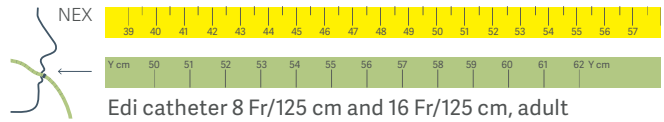
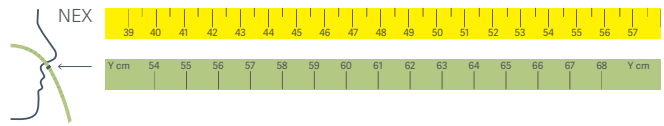
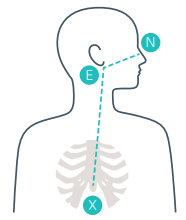
- PS flow trigger set too sensitive?
- Consider change to pressure trigger
- Patient using accessory muscles

Volume delivery restricted/Regulation pressure limited

- Upper pressure limit alarm set too low?

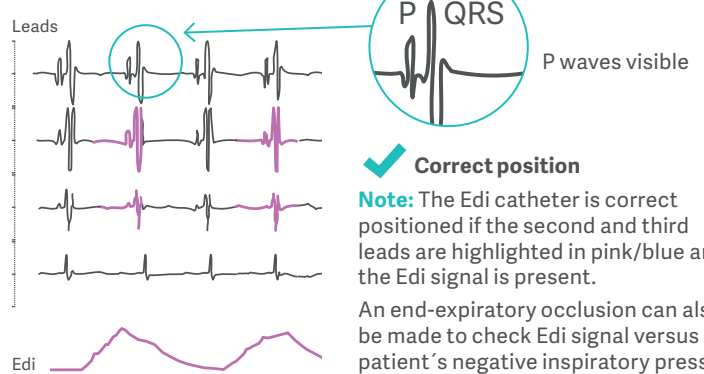
Edi catheter insertion

1. Connect the Edi module and cable
2. Perform the Edi module function check
3. Measure the NEX distance in cm
4. Determine the insertion distance (use tape measure or on-screen calculator)



5. Dip the Edi catheter in water and insert
 6. Connect the Edi cable to catheter
 7. Verify the position in the positioning window
- Note:** Check position as enteral feeding tube according to hospital routines (e.g. X-ray, pH)
8. Secure the Edi catheter
 9. Make a note of the insertion distance
 10. Verify the position regularly

Positioning window



Re-positioning

