

## **NONINVASIVE VENTILATION DURING WEANING**

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Patients suffering from advanced chronic thoracic disorders are at higher risk to develop respiratory failure, requiring mechanical ventilation. Forty seven patients acutely decompensated were investigated. 29 were primarily ventilated noninvasively, 7 had been intubated, and 11 had been intubated and tracheotomized prior to arriving at the weaning center. All intubated patients were transferred to noninvasive ventilation within 24 hours after arrival. Ten of the 11 tracheotomized patients were transferred to noninvasive ventilation before discharge. One patient remained tracheotomized despite being able to breath spontaneously for several hours because of severe tracheal stenosis. Mortality was 14.2% in the intubated, 9% in the tracheotomized, and 10.2% in the primarily nasally ventilated. One patient refused to go on with mechanical ventilation and died. Hospital stay ranged between 4 and 24 days in the nasally ventilated, The intubated were ventilated invasively between 3 and 16 days and thereafter 4 to 17 days noninvasively on a regular ward. Tracheotomized patients were treated in intensive care for 7 to 32 days and in the weaning unit for 7 to 39 days. We conclude that patients either ventilated nasally or intubated or tracheotomized can be prepared for home mechanical ventilation in a weaning unit with similar outcome. Noninvasive ventilation is highly important in such patients as only one required invasive ventilation. This may implicate that transfer prior to tracheotomy might be appropriate.