Philips V60 Plus
Philips AC611

Hospital Respiratory Care
September 2018
Objectives

• Review the evidence-based approaches for the treatment of acute respiratory failure
• Introduce Philips V60 Plus & AC611 high flow nasal cannula (HFNC)
• Clinical dilemmas
• Smooth transition NIV – HFT – NIV
• How V60 Plus and AC611 fits in your treatment strategies
Review of evidence-based approaches for the treatment of ARF

### Executive summary of the current landscape

<table>
<thead>
<tr>
<th>Noninvasive clinical scenario</th>
<th>NIV</th>
<th>HFNC</th>
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Recommendation based on the author’s review of the currently available literature, including existing guidelines.

* Mixed evidence exists in this category, without a clear consensus in the literature. Monitor patients closely and consider the presence of other risk factors.
Review of evidence-based approaches for the treatment of ARF

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**Executive summary of the current landscape**

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NIV

- COPD Exacerbation hypcapnic respiratory failure
- Cardiogenic Pulmonary Edema
- Weaning
- Immunosuppressed
- At risk COPD, post-extubation
- Chest trauma, palliative care, post-op
*Enhances ventilation (tidal volume) and oxygenation (alveolar recruitment)

HFT

- COPD exacerbation -hypoxemic respiratory failure
- Pneumonia, Mild ARDS
  - De novo hypoxemic respiratory failure
*Flush deadspace, provides positive end expiratory pressure
*Meet or exceed patient’s inspiratory flow demand while delivering the prescribed FiO₂
What is high flow therapy?

- Meets or exceeds inspiratory flow demand
- Requires heating and humidification
- Delivers a wide range of FiO$_2$
- Provides a small PEEP effect
- Washes out CO$_2$ from anatomical deadspace
Clinicians report using NIV & HFT on the same ARF patient. 1

NIPPV prevented intubation in a recent non-inferiority study of patients who failed HFT. 2

At initial presentation of the acute respiratory failure patient, the full clinical picture has yet to be painted.
• Provide the least invasive approach to achieve treatment success with patient comfort in mind.
• Rapid care escalation to NIV is critical to success, when HFT does not provide desired effect.
• Improved workflow improves quality of bedside care
• Fleet management and consumable redundancies are costly
V60 Plus and AC611
A comprehensive noninvasive solution

“IT is convenient for the patient and staff. Most patients are on/off HFT and BiPAP. It saves time, space and the patient gets the appropriate treatment faster.” RCP

The synergistic combination of NIV and HFT in the V60 Plus will enable quick, smooth transitions within the noninvasive respiratory care continuum while improving clinician workflow and streamlining equipment & consumables.

• Facilitates rapid switching between NIV and HFT
• Designed for efficient patient weaning
• Enables quick escalation and intervention for optimal patient care
• Allows more space at the bedside for timely patient care
V60 Plus and AC611
A comprehensive noninvasive respiratory solution
Clinicians will benefit
• Saving time
• Increased work space
• One gas source
• Improved workflow
• Use of the same circuit
Patients will benefit

• Efficient workflow
• Receive enhanced care experience
• Peace of mind
• Interface rotation to meet skin care strategy
Clinical dilemma
Time to escalation is critical

Easily and quickly switch between NIV → HFT → NIV

- A break from NIV to speak to family members, to eat, to take a drink
- Removing therapy may lead to desaturation
- No need to leave the patient bedside with the V60 Plus and the AC611
- Smooth transition NIV → HFT → NIV
Wean from NIV to HFT
Overview of V60 Plus

- Intended for spontaneous breathing patients
- Use with Heated Humidification
- Philips AC611
- Flow rates 10-80 Lpm
- O2 concentration 21-100%
- Adults & pediatrics >20 kg
V60 Plus and AC611- NIV to HFT
Transition from NIV to HFT

- Select Standby tab
- Remove the NIV mask or ET interface to enter Standby
Transition from NIV to HFT

- Insert The Philips AC611 to block the FEP of your single limb NIV circuit.
- Fisher & Paykel OPT970 is the Philips approved tracheostomy interface for the V60 Plus.
Transition from NIV to HFT Philips AC611

- Philips AC611 FEP Connect
  - Use insertion sleeve to block FEP

- Philips AC611 22 mm adaptor
  - Exhalation Port (DEP) is removed
Transition from NIV to HFT

Confirm settings
Flow 10-80 Lpm
O2 21-100%

Start HFT
Transition from NIV to HFT

*Use the F&P OPT 970 adaptor when providing HFT to a tracheostomy patient.
V60 Plus high flow therapy notifications and alarms
V60 Plus HFT notification and alarms

- No Mask icon
- High Flow Therapy Active
- Low Priority Alarm to alert the clinician that Patient alarms are disabled during HFT.
V60 Plus HFT notification and alarms

Low Priority Alarm to alert the clinician that Patient alarms are disabled during HFT.

Note the Alarm Tab is removed

*Clinicians must rely on patient assessment skill and external monitoring to evaluate their response to therapy.
Cannot Reach Target Flow
This low priority alarm displays when indicating that set flow target is not being achieved.

Patient Circuit Occluded
This high priority alarm displays when gas flow to the patient is obstructed.

Confirm:
- The interface in use is NOT an NIV mask or direct connection to an ET-tube or trach.
- Size of nasal cannula is appropriate for the flow setting.
- The interface is NOT occluding inside the nares.
- Patient circuit is not kinked or occluded.
V60 Plus and AC611- HFT to NIV
When transitioning from HFT to NIV, first verify that the AC611 is removed from the patient and disconnected from the single limb circuit.

Press Standby to open the Standby window.
V60 Plus and AC611 – HFT to NIV

1. Select Ventilation
2. Previous NIV Setting
3. O2 remains consistent from HFT to NIV
Replace the high flow interface with a Philips approved NIV Mask.

Review patient settings and alarms. Place interface on your patient.

V60 Plus and AC611 – HFT to NIV
V60 Plus and AC611 – HFT to NIV
How to transition from NIV to HFT on the V60 Plus

1. Simply remove the NIV mask from your patient and select the Standby tab
2. Then select HFT and ensure the AC611 hfnc with insertion sleeve completely blocks the FEP.
3. Confirm high flow setting, 10-80 LPM and oxygen concentration, 21% - 100% then Start HFT.
4. Place the AC611 hfnc on the patient and your patient is now receiving high flow therapy on your V60 Plus.
Philips V60 Plus and AC611

- Facilitates rapid switching between NIV and HFT
- Designed for efficient patient weaning
- Enables quick escalation and intervention for optimal patient care
- Allows more space at the bedside for timely patient care
Resources
Clinical Pathway