

High Flow Nasal Cannula : weaning in psychiatric disorder, case report

Dott.ssa VALENTINA MONALDI (1), Dott. ENRICO MACERATINI (2), Dott.ssa MICHELA ROMANELLI (2), Dott.ssa LUISANNA COLA (2)

(1) Clinica Anestesia e Rianimazione - Ospedali Riuniti Ancona - UNIVPM, Via Conca, Ancona, An/ Marche, Italia.

(2) UOC Anestesia e Rianimazione OC Fermo, Via A.Murri, Fermo, Fm /marche, Italia.

Argomento: Insufficienza respiratoria acuta e ventilazione meccanica

Respiratory weaning seems to be a challenge especially in H1N1 related ARDS.

Noninvasive positive-pressure ventilation and High flow nasal cannula oxygen therapy may help in this setting, improving patient's comfort and compliance particularly when severe comorbidities as mental impairment or COPD complicate recovery.(1)

We successfully used HFNC oxygen therapy associated with NPPV in two patient affected by psychiatric disorders admitted in our emergency department for respiratory distress.

A 67-years-old woman affected from schizophrenia (complicated by COPD and previous heart failure) and 60-year-old man suffering of hypertension and chronic anxiety associated to depression, both in psychiatric treatment, were admitted in our emergency department because of respiratory distress.

They had positive nasal swab for H1N1 influenza A virus, typical radiological signs like pulmonary infiltrates and bilateral ground-glass and hypercapnic hypoxiemic acute respiratory failure (P/F < 150).

They were admitted in our ICU, treated with invasive mechanical ventilation , receiving oseltamivir and large broad spectrum antibiotic therapy, weaned with adequate antipsychotic agents and dexmedetomidina ic after 9 days of ventilation despite P/F<180 to prevent VAP and muscle weakness. (2)

After extubation they immediately cycled NPPV (Peep 6-8 cmH₂O, FiO₂ 30-40%) for few hours and prolonged HFNC oxygen therapy(40-60l/min, FiO₂ 40-50%) for few days, improving respiratory distress and dyspnea with gradual increase of P/F until > 200, preventing risk of weaning failure, reintubation.

In this particular setting,HFCN allowed to maintain respiratory support, even if there was little patient's cooperation in reason of the pathological baseline mental state, complicated by delirium and agitation ICU related.

HFCN was successfully used to facilitate weaning in psychiatric patients affected by respiratory distress, helping in compliance and tolerability of respiratory support after early extubation.