Respiratory Care Pathway for people living with Motor Neurone Disease in Dorset - Non-Invasive Ventilation

Neurology and/or Palliative Care Consultant Clinic, Physiotherapy
- assess capacity, cognitive, bulbar and UL function
- after diagnosis, when monitoring respiratory function (every 2-3 months), on deterioration or if person asks
- offer to discuss NIV: would patient consider for symptom management and/or prolongation of life
- MNDA NIV leaflet (8A,8B)

Patient wishes active intervention

Assess SpO2 (at rest/on air), FVC and/or SNIP, and symptoms (ensure suitable interface if bulbar involvement); symptoms and signs of respiratory impairment (see NICE 2016 1.14.7) or via local respiratory screening (physiotherapy or respiratory physiology)

Patients with lung disease: consider respiratory review if severe/uncontrolled/referrer concerns

Referral to local respiratory consultant:
Dr Tim Shaw - East Dorset
Dr McConnell - West Dorset

Sp O2 < 94%
no symptoms: FVC < 60% predicted
or SNIP < 40 cm H2O
with symptoms: FVC < 80% or SNIP < 44 cm H2O men / 55 cm H2O women
or rate of decrease >10cm H2O per 3 months

Full discussion re NIV with pt include withdrawal.
Check understanding, pw MND, families and carers. Further info: http://mybreathing.mymnd.org.uk

Symptom management
Consider ADRT, Planning for your future, physio referral, anticipatory medicines (MNDA Just in Case kit) back to

YES

SpO2 > 94% and
FVC > 80% or FVC > 50% with no symptoms

Respiratory monitoring physiotherapy/respiratory physiology at least 2-3 monthly consider referral to The Respiratory Centre for overnight oximetry back to

YES

Referral to The Respiratory Centre (TRC), UHS for out-patient assessment (ABG) and discussions
Urgent (within 1 week) if FVC < 30%, Pa CO2 > 6.0 kPa or symptoms of: orthopnoea, daytime sleepiness, morning headache

NIV provided by The Respiratory Centre, UHS (risk assessment, care plan), inform GP, anticipatory meds

NO

NIV

This pathway has been drawn up with the named service providers.