

Klinické aplikace pro kyslíkovou terapii s vysokým průtokem (NHF)



Rochweg B, et al. Intensive Care Med. 2019.



**Pacienti s akutním hypoxemickým respiračním selháním
NHF vs STANDARDNÍ KYSLÍKOVÁ TERAPIE**

NHF je spojena s nižším rizikem nutnosti intubace

RR=0,85; 95% CI 0,74-0,99

NHF je spojena se sníženou eskalací kyslíkové terapie

RR=0,71; 95% CI 0,51-0,98

Žádný rozdíl v úmrtnosti mezi NHF a COT

RR=0,94; 95% CI 0,67-1,31

100% analyzovaných studií využilo systémy NHF společnosti F&P Optiflow | Celkem: n = 446 | Randomizované kontrolované klinické hodnocení: n = 9



Chaudhuri D, et al. Chest. 2020.

**Prevence intubace u pacientů v pooperační fázi
NHF vs STANDARDNÍ KYSLÍKOVÁ TERAPIE**

NHF je spojena s nižším rizikem nutnosti intubace

RR=0,32; 95% CI 0,12-0,88

NHF je spojena se sníženou eskalací podpory dýchání

RR=0,54; 95% CI 0,31-0,94

91% analyzovaných studií využilo systémy NHF společnosti F&P | Celkem: n = 650 | Randomizované kontrolované klinické hodnocení: n = 11



Granton D, et al. Critical Care Medicine. 2020.

Kriticky nemocní dospělí pacienti okamžitě po extubaci

NHF vs STANDARDNÍ KYSLÍKOVÁ TERAPIE

NHF je spojena se sníženou mírou reintubace

RR=0,46; 95% CI 0,3-0,7

NHF je spojena se sníženým respiračním selháním po extubaci

RR=0,52; 95% CI 0,3-0,91

NHF může snížit používání neinvazivní ventilace (NIV)

RR=0,64 CI 0,34-1,22

NHF může snížit délku pobytu v nemocnici

-0,98 dne CI -2,96-0,21

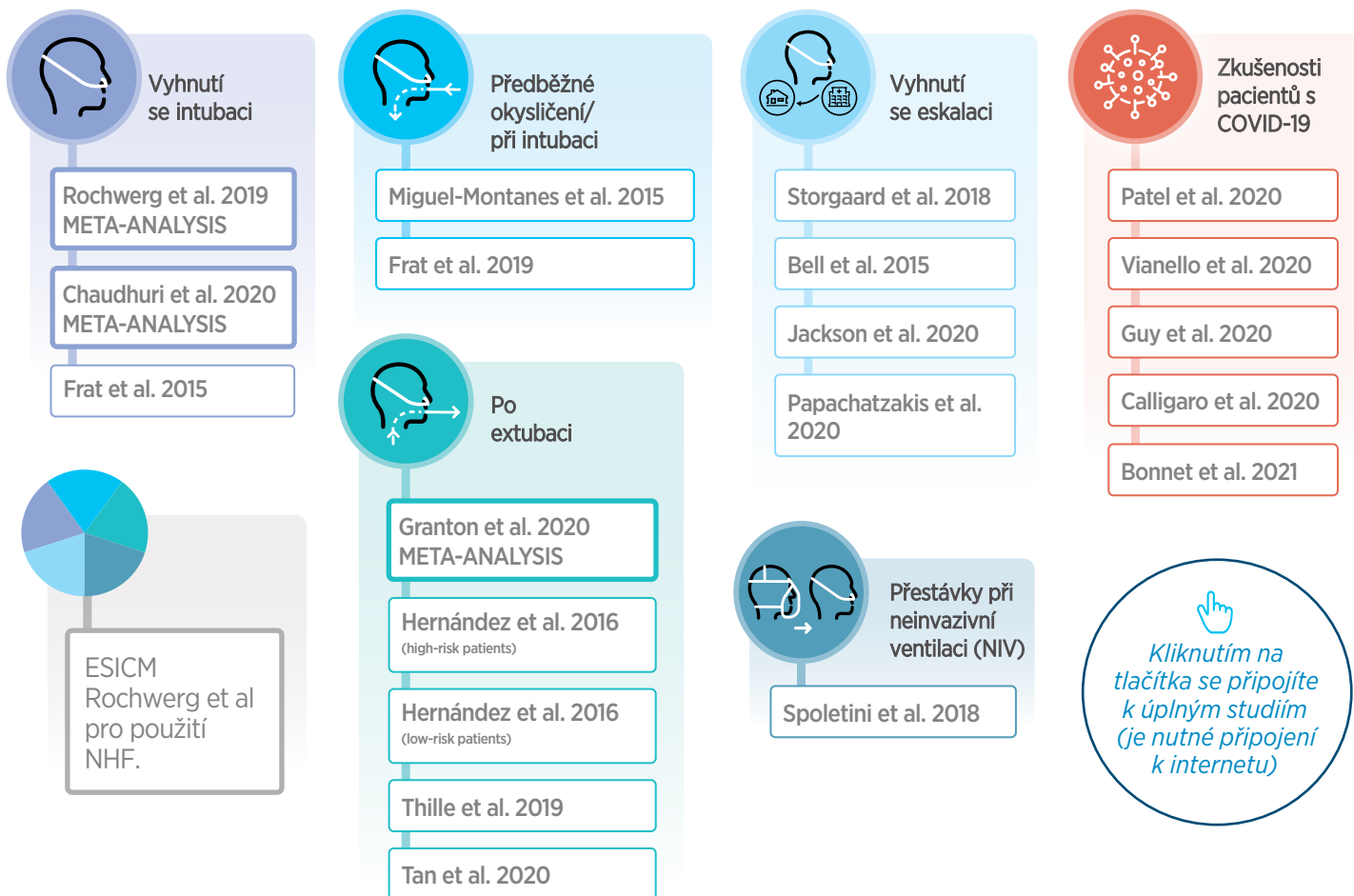
NHF vs NIV

NHF může snížit délku pobytu na JIP i v nemocnici

*JIP: -0,99 dne (-1,68; -0,30)
Nemocnice -3 dny (-6,24; 0,24)*

100% analyzovaných studií využilo systémy NHF společnosti F&P | Celkem: n = 492 | Randomizované kontrolované klinické hodnocení: n = 8

VYBRANÉ KLINICKÉ DŮKAZY PRO APLIKACE TERAPIE NHF



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