



# Anthem NIV Checklist

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

<b>COPD</b> ( Must check box 1 or 2)	<b>Yes</b>	<b>No</b>
1. Palliative use for individuals with advanced COPD and an active advance directive not to intubate		
2. <b>OR</b> Persistent hypercapnia with a PaCO <sub>2</sub> level of 53 mm Hg or greater on room air		

<b>Neuromuscular Disease with Respiratory Insufficiency</b> (Must check box 1 and box 2 or 3)	<b>Yes</b>	<b>No</b>
1. The primary cause of respiratory failure is neuromuscular disease (for example, amyotrophic lateral sclerosis)		
2. ABG: PaCO <sub>2</sub> ≥ 45mmHg while awake and breathing the individual's usual FiO <sub>2</sub>		
3. <b>OR</b> The individual has a maximum inspiratory pressure of less than or equal to 60 cm H <sub>2</sub> O.		

<b>Obesity Hypoventilation Syndrome</b> (Must check boxes 1, a, b, c, and 2, with boxes d, e, or f)	<b>Yes</b>	<b>No</b>
1. OHS is diagnosed based on ALL of the following (a, b, and c)		
a. Body mass index (BMI) is greater than or equal to 30 kg/m <sup>2</sup>		
b. <b>AND</b> Sleep-disordered hypoventilation has been documented by polysomnography and other conditions are not considered the sole cause of hypoventilation. Examples include, but are not limited to: neuromuscular or restrictive thoracic disease (see criterion A above), COPD (see criterion B above), interstitial lung disease, pleural restriction, hypothyroidism, or medications		
c. <b>AND</b> Hypoventilation is documented with an awake PaCO <sub>2</sub> level greater than or equal to 45 mm Hg		
2. <b>AND</b> CPAP or BiPAP treatment is not appropriate as evidenced by any of the following (a, b or c)		
d. OSA is not present as confirmed by polysomnography with an apnea/hypopnea index (AHI) less than 5		
e. <b>OR</b> Hypoventilation was not corrected with CPAP or BiPAP titration as evidenced by persistence of an awake PaCO <sub>2</sub> level greater than 45 mm Hg after 3 months of compliant use of CPAP or BiPAP		
f. <b>OR</b> Individuals started on NPPV therapy as OHS treatment during hospitalization can continue for up to 3 months of home therapy to provide time to complete outpatient CPAP or BiPAP titration		

<b>Restrictive Thoracic Cage Abnormalities</b> <b>(Must check box 1 and box 2 or 3)</b>	<b>Yes</b>	<b>No</b>
1. The primary cause of respiratory failure is restrictive thoracic disease (for example, thoracic cage abnormalities)		
2. ABG: PaCO <sub>2</sub> ≥ 45mmHg while awake and breathing the individual's usual FiO <sub>2</sub>		
3. <b>OR</b> The individual has a maximum inspiratory pressure of less than or equal to 60 cm H <sub>2</sub> O.		