



## Case Study #1: NON-VENT

### Patient history:

- 68 y/o male
- Admitted with complications related to OSA
- PMH: OSA, HTN, type II DM, hypercapnia, chronic pain, BMI>40, peripheral neuropathy, GERD, NOC CPAP with full face mask, depression
- Surgical hx: prior admission tonsillectomy to improve airflow through upper airway with full face CPAP mask.
- Current: Surgical tracheotomy 4 days ago
- Shiley #8 XLT, cuffed

### Clinical findings:

- Awake and alert
- Communicating with finger occlusion and nonverbal communication during the day.
- Demonstrates frequent coughing and is suctioned regularly.

### Clinical plan:

*Consult received for PMV assessment*

### Do you have enough information to proceed with this assessment?

If not, what other information would you need to know?

### Does this patient meet criteria for PMV assessment?

### What would you do?

Notes:





## Case Study #2: NON-VENT

### Patient history:

- 59 y/o male
- Admitted for surgical management of laryngotracheal stenosis
- PMH: laryngotracheal stenosis, lupus, HTN, GERD, depression, CAD, lupus nephritis
- Laryngotracheal reconstruction
- Suprastomal stent
- Shiley #6, cuffless

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### Clinical findings:

- Awake and alert
- Medically stable
- Demonstrating desire to communicate

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### Clinical plan:

*Consult received for PMV assessment*

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### Do you have enough information to proceed with this assessment?

If not, what other information would you need to know?

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### Does this patient meet criteria for PMV assessment?

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### What would you do?

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Notes:





## Case Study #3: NON-VENT

### Patient history:

- 52 y/o female
- Admitted for SOB
- PMH: HTN, type II DM, chronic kidney disease, SARS-CoV-2, dyspnea, airway stenosis
- Previous hospitalization: SARS-CoV-2, intubated for 26 days, discharged 1 week ago to inpatient rehabilitation
- Laryngoscopy: airway stenosis
- Surgical tracheotomy: Bivona #6 TTS

### Clinical findings:

- c/o of SOB at rest and exertion, occasional stridor noted, crackling breath sounds
- CXR: RLL pna, aspirates
- MBSS:
  - open trach tube
  - pharyngeal dysphagia with aspiration of thin liquids
- Supplemental oxygen at 3L via trach mask

### Clinical plan:

*Consult received for PMV assessment*

### Do you have enough information to proceed with this assessment?

If not, what other information would you need to know?

### Does this patient meet criteria for PMV assessment?

### What would you do?

Notes:

