In today’s healthcare environment, reducing length of stay (LOS) is key to containing costs. The number of days spent in the ICU and the costs associated with hospitalization are significantly higher among mechanically ventilated patients.¹

Patient/ventilator asynchrony occurs in 25% of mechanically ventilated patients, increasing LOS and ultimately driving up healthcare costs.¹

MECHANICAL VENTILATION FACTS — ASYNCHRONY
- Fewer than 33% of ventilator asynchronies are detectable by visual inspection.²
- Patient/ventilator asynchrony increases the likelihood of tracheostomy.³
- A deeper sedation level is a predictor of ineffective triggering.⁴
- Diaphragmatic dysfunction is common in mechanically ventilated patients and is a likely cause of weaning failure.⁵

Ineffective triggering is associated with longer duration of mechanical ventilation.⁴

NAVA (Neurally Adjusted Ventilatory Assist) helps improve patient/ventilator interaction. By monitoring diaphragmatic electrical activity (Edi), NAVA therapy with Edi Monitoring has been shown to improve patient/ventilator synchrony — even in the most complicated patient cases.⁶

NAVA THERAPY FACTS — IMPROVED SYNCHRONY
- “Monitoring diaphragm electrical activity comes closest to representing the ideal in ventilator monitoring.”⁷
- NAVA reduces trigger delays by 61% to 65%.⁸
- NAVA helps improve patient/ventilator synchrony in intubated, spontaneously breathing ICU patients.⁸
- Activation of the diaphragm during mechanical ventilation prevents muscle atrophy.⁹ Edi monitoring provides a confirmatory tool for diaphragm activation during mechanical ventilation.
References


