Extension of Physiotherapy Service of Ventilatory Hyperinflation to PMH Respiratory Ward
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Introduction
Ventilator hyperinflation (VHI) is a technique of delivering a larger than tidal volume breath, in a way simulating that of manual hyperinflation without disconnection of the ventilator circuit. Studies showed that it is safe and its treatment effects are comparable to that of manual hyperinflation, namely re-expanding atelectasis, improving respiratory compliance, enhancing the mobilization and removal of secretion. Indicated cases are those with high PEEP therapy, high FiO2 requirement, those with multiple drug resistant infection and airborne diseases. The technique has been used by physiotherapists to treat indicated cases in ICU of Princess Margaret Hospital since September, 2014. Evaluation of the service in more than 200 episodes of application revealed that there is no adverse effect or complication.

Objectives
To extend the service of Ventilator hyperinflation to indicated cases in the respiratory ward of PMH.

Methodology
The VHI Physiotherapy service is to be extended to the respiratory ward of PMH after the endorsement of the unit. All patients with the following indications (except those with contraindications in manual hyperinflation) will be treated with VHI: 1. FiO2 equals to or more than 0.7; 2. Multi-drug resistance infection and 3. Airborne infection. A local structured study will be conduct later in order to evaluate the use of VHI as a technique of physiotherapy management to indicated patients in the ward.

Result
To be concluded after April, 2016 with the first batch of data.