



Policies & Procedures

ASV Titration Protocol

ALL Locations

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A. PATIENT CARE

1. All patients coming in for a split night or ASV pressure titration study will have had a brief introduction to CPAP during his/her initial office visit but it is still helpful to review the mask with them before bedtime.
2. Explain the basic procedure to the patient. Demonstrate several different masks to the patient, including nasal pillows. Help the patient to try on the mask without attached airflow. Counsel that most people feel uncomfortable with mask and pressure during the first night; tell them that he may experience discomfort around the nose, or drying of the nasal passages, or other problems. Reassure them that most people adjust very well to the mask and to the pressure during the first night and that they adjust even much further during the first month.
3. Tell the patient that you may be waking them occasionally, especially during the early part of the night, to make adjustments to the mask fit if there is a leak.

B. BEFORE THE SLEEP STUDY BEGINS

It is important to determine the patient's blood pressure response to using the ASV before starting the study. *If the systolic pressure is below 80 mm Hg or drops below 80 mm Hg at any time contact the appropriate sleep doctor.*

1. Take blood pressure in the supine position. If less than 80 systolic do not start ASV. Contact the patient's sleep doctor.
2. Put patient on full face mask.
3. Start ASV therapy with patient awake.
4. After 5 minutes of therapy take blood pressure.
5. After 20 minutes of therapy take blood pressure.
6. Stop therapy and wait 5 minutes. Take blood pressure. If the pressure increases by 15 then monitor closely.
7. Start study with ASV if no problems.

C. ASV TITRATION – USING THE RESMED ADAPT

1. Use an in-line heated humidifier.
2. Start pressure at 5 cm H₂O. Wait 40 minutes. If respiratory events persist titrate EPAP up by 1-2 cm H₂O.
3. Wait 40 minutes before each pressure change.

D. ASV TITRATION – USING THE RESPIRONICS ASV

1. Use an in-line heated humidifier.
 2. Start pressure at EPAP of 4cm H₂O. If obstructive events persist, titrate EPAP up by 1cm H₂O.
 3. IPAP minimum setting is always the same cm H₂O pressure as EPAP.
 4. IPAP maximum setting automatically starts at 10cm H₂O above the EPAP setting.
 5. Rate should be set at Auto or if Respiratory Rate is less than 10 bpm, adjust fixed rate to 10 bpm.
 6. Rise Time should be set at 2 or 3 according to patient comfort.
 7. Wait 20-30 minutes for patient to stabilize.
 8. If Obstructive Apneas occur, increase EPAP by 1cm H₂O.
 9. Observe for Hypopneas, if they occur, increase **IPAP max** by 2cm (maximum IPAP is 30 cm H₂O) , if Hypopneas continue, set fixed rate to 2 less than the spontaneous rate.
 10. Observe for Central Apneas, if they occur, set fixed rate to a minimum of 10 bpm or 2 below (normal) RR.
 11. If patients require EPAP pressures higher than 15cm H₂O, blood pressures must be Taken after each 2cm pressure increase.
- **If the saturation is still dropping after adjusting IPAP max and the rate you can increase the IPAP min. This is effectively the same as adding BiPAP.**