ERS statement on paediatric long-term noninvasive respiratory support

Brigitte Fauroux1,2, François Abel3, Alessandro Amaddeo4, Elisabetta Bignamini5, Elaine Chan3, Linda Corel6, Renato Cutrera7, Refika Ersu8, Sophie Installe9, Sonia Khirani1,2,10, Uros Krivec11, Omendra Narayan12, Joanna MacLean13, Valeria Perez De Sa14, Marti Pons-Odena15,16, Florian Stehling17, Rosario Trindade Ferreira18 and Stijn Verhulst19,19

1AP-HP, Hôpital Necker, Pediatric Noninvasive Ventilation and Sleep Unit, Paris, France. 2Université de Paris, EA 7330 VIFASOM, Paris, France. 3Respiratory Dept, Sleep and Long-term Ventilation Unit, Great Ormond Street Hospital for Children, London, UK. 4Emergency Dept, Institute for Maternal and Child Health IRCCS Burlo Garofolo, Trieste, Italy. 5Pediatric Pulmonology Unit, Regina Margherita Hospital, AOU Città della Salute e della Scienza, Turin, Italy. 6Pediatric ICU, Centre for Home Ventilation in Children, Erasmus University Hospital, Rotterdam, The Netherlands. 7Pediatric Pulmonology Bambino Gesù Children’s Hospital, IRCCS, Rome, Italy. 8Division of Respiratory Medicine, Dept of Pediatrics, Children’s Hospital of Eastern Ontario, University of Ottawa, Ottawa, ON, Canada. 9Dept of Pediatrics, Antwerp University Hospital, Edegem, Belgium. 10ASV Santé, Gennevilliers, France. 11Dept of Paediatric Pulmonology, University Children’s Hospital Ljubljana, University Medical Centre Ljubljana, Ljubljana, Slovenia. 12Sleep and Long Term Ventilation Unit, Royal Manchester Children’s Hospital and University of Manchester, Manchester, UK. 13Division of Respiratory Medicine, Dept of Pediatrics, University of Alberta, Edmonton, AB, Canada. 14Dept of Pediatric Anesthesia and Intensive Care, Children’s Heart Center, Skåne University Hospital, Lund, Sweden. 15Pediatric Home Ventilation Programme, University Hospital Sant Joan de Déu, Barcelona, Spain. 16Respiratory and Immunodeficiency research group, Institut de Recerca Sant Joan de Déu, Esplugues de Llobregat, Spain. 17Pediatric Pulmonology and Sleep Medicine, Cystic Fibrosis Center, Children’s Hospital, University of Duisburg-Essen, Essen, Germany. 18Pediatric Respiratory Unit, Dept of Paediatrics, Hospital de Santa Maria, Academic Medical Centre of Lisbon, Lisbon, Portugal. 19Laboratory of Experimental Medicine and Pediatrics, University of Antwerp, Antwerp, Belgium.

Corresponding author: Brigitte Fauroux (brigitte.fauroux@nck.aphp.fr)

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Long-term noninvasive ventilation (NIV) in children is increasing worldwide. There is lack of validated criteria for NIV initiation, follow-up, monitoring and weaning. Children are optimally managed by a paediatric multidisciplinary team. https://bit.ly/3bVFNvz


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Abstract
Long-term noninvasive respiratory support, comprising continuous positive airway pressure (CPAP) and noninvasive ventilation (NIV), in children is expanding worldwide, with increasing complexities of children being considered for this type of ventilator support and expanding indications such as palliative care. There have been improvements in equipment and interfaces. Despite growing experience, there are still gaps in a significant number of areas: there is a lack of validated criteria for CPAP/NIV initiation, optimal follow-up and monitoring; weaning and long-term benefits have not been evaluated. Therapeutic education of the caregivers and the patient is of paramount importance, as well as continuous support and assistance, in order to achieve optimal adherence. The preservation or improvement of the quality of life of the patient and caregivers should be a concern for all children treated with long-term CPAP/NIV. As NIV is a highly specialised treatment, patients are usually managed by an experienced paediatric multidisciplinary team. This statement written by experts in the field of paediatric long-term CPAP/NIV aims to emphasise the most recent scientific input and should open up new perspectives and research areas.