



This patient is participating in the UK NAVA Trial.

They have been allocated the

Neural Drive Monitoring – NAVA Pressure Support Intervention

NEURAL DRIVE MONITORING:

- Please record the peak Edi (in uV) in the patient observations every hour as a respiratory observation. This can occur post-extubation if the patient retains a NAVA catheter.
- If the Edi neural monitoring nasogastric tube is removed and not replaced by an Edi neural monitoring nasogastric tube please document why and **ensure your research team are aware.**
- Use the Edi (neural drive) monitoring to assess whether it is suppressed by sedation, ventilator support, high-inspired oxygen, CNS/phrenic nerve injury or Edi NG catheter positioning issues.
- Use the Edi (neural drive monitoring) to assess dysynchrony with control or support breaths (if not in NAVA).
- Use the Edi (neural drive monitoring) to assess trends in neural drive over time and record the impact of changes to supporting care on neural drive (eg cuff down, speaking valve, extubation).

NAVA Pressure Support:

- Please ensure the patient is in NAVA pressure support rather than standard pressure support, and record the reason if they are in standard pressure support in the patient record at least every 12 hours.
- NAVA pressure support can be weaned as per standard pressure support, weaning the NAVA gain value gradually or challenging the patient with sprints of higher work followed by blocks of rest at higher support levels (eg at night).
- Normal good practice (including daily sedation review and daily consideration of potential liberation from invasive ventilation) remain important.