

MRN:
Full name:
Date of birth:



UK NAVA study arm: Intervention (NAVA technology)
Study enrolment date (study day 0):

NAVA technology: Shift checks

Once a shift (day and night): Circle the most appropriate option in the NAVA technology shift checks table or write a short summary.

At handover and ward round: Use this documentation to help guide discussions around EDi trends, patient/ ventilator synchrony and use of NAVA technology.

Document in patient observation chart: EDipeak (hourly) and P 0.1 (daily at 8am). For both values, average over 3–4 breaths due to variability.

NAVA technology shift checks

Study day						
Date						
Shift	<i>Day shift</i>	<i>Night shift</i>	<i>Day shift</i>	<i>Night shift</i>	<i>Day shift</i>	<i>Night shift</i>
NAVA catheter connected to Servo-u?	Yes/ No/ NA	Yes/ No/ NA	Yes/ No/ NA	Yes/ No/ NA	Yes/ No/ NA	Yes/ No/ NA
NAVA catheter insertion depth checked & correct on Servo-u? (select 'EDi catheter positioning' to view)	Yes/ No/ NA	Yes/ No/ NA	Yes/ No/ NA	Yes/ No/ NA	Yes/ No/ NA	Yes/ No/ NA
pEDi overlaid? (only possible if patient NOT in NAVA Mode)	Yes/ No/ NA/ in NAVA mode	Yes/ No/ NA/ in NAVA mode	Yes/ No/ NA/ in NAVA mode	Yes/ No/ NA/ in NAVA mode	Yes/ No/ NA/ in NAVA mode	Yes/ No/ NA/ in NAVA mode
NAVA mode tried/ assessed/ considered within the past 24 hours?	Yes/ No/ NA/ in NAVA mode	Yes/ No/ NA/ in NAVA mode	Yes/ No/ NA/ in NAVA mode	Yes/ No/ NA/ in NAVA mode	Yes/ No/ NA/ in NAVA mode	Yes/ No/ NA/ in NAVA mode
If in PS or VS mode, why is NAVA mode not being used? E.g. -No NAVA catheter in place, -NAVA EDi signal problem: low signal/ absent signal/ noise or interference, -NAVA technology malfunction (broken cables or modules), -New clinician equipoise issue, -Clinical reason – please specify, -Other – please specify.						
Any additional comments?						
Staff name						

Additional information about P 0.1 **What is P 0.1?** P 0.1 reflects patient's inspiratory effort during spontaneous breathing. It is the airway pressure generated in the first 100 milliseconds of inspiration against a closed ventilator valve. Normal P 0.1 value ranges from 0.5 to 3.5cmH₂O, however, may be up to 6cmH₂O.

How to view P 0.1: Press the green arrow on the right-hand side of the Servo-u screen. If the patient is not initiating spontaneous breaths, and so is not visible, document N/A.

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