See and deliver what the patient wants
An active diaphragm is needed for successful weaning.

**CONVENTIONAL VENTILATION**

- You can hope the diaphragm is active.
- No specific knowledge about diaphragm activity can lead to asynchrony, over-sedation and over-assist.
- Risk for diaphragm atrophy and contractile dysfunction (VIDD).
- Risk for prolonged weaning due to ventilator associated complications (VILI and VAP).

### Statistics

- **5.5%** annual growth of patients undergoing prolonged weaning.
- **21%** decrease in diaphragmatic thickness already after 48 hours of mechanical ventilation.
- **21%** of clinicians detect asynchrony in form of missed inspiratory efforts.
- **67%** ICU mortality reported for patients with Asynchrony Index > 10%.
- **67%** annual growth of patients undergoing prolonged weaning.
PERSONALIZED VENTILATION

Edi – The vital sign of respiration
The diaphragm is the “heart” of the respiratory system designed to be continuously active. The Edi is a bedside diagnostic tool that allows you to monitor and safeguard the patient’s diaphragm activity. The Edi guides weaning and helps you prevent muscular exhaustion during weaning trials, even after extubation.

NAVA delivers what the patient wants
NAVA follows the Edi, and allows the patient to select tidal volume and respiratory pattern. NAVA promotes lung protective spontaneous breathing with higher diaphragmatic efficiency and fewer periods of over- and under-assist. The patient’s ICU experience is improved by reducing sedation, higher comfort scores and improved sleep quality.

Personalized ventilation benefits all patient groups
Edi and NAVA assure that breathing efforts from all patient categories are effectively assessed and responded to. NIV NAVA is also independent of leakage in patient interfaces and may prevent respiratory failure and intubation.
References: