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AIRVO delivers humidified, conditioned air at high concentrations of oxygen via soft, flexible nasal prongs.

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A retrospective chart review on 22 Palliative Care patients commenced on AIRVO between January and September 2017.

Background Diagnosis?
- Malignant: 41%
- Non-Malignant: 59%

AIRVO Started?
- Ward: 86%
- ICU: 14%

Resus Documented before AIRVO
- Resus Clarified: 55%
- Resus not Clarified: 45%

Dyspnoea Severity Score recorded
- Yes: 0%
- No: 100%

Opiate / Benzodiazepine for Dyspnoea
- Yes: 32%
- No: 68%

AIRVO well tolerated (documented)
- Yes: 86%
- No/ Data not complete: 14%

Place of death
- GUH: 91%
- Community: 9% (off AIRVO)

59% of patient cohort had a non-malignant diagnosis.
54% had a documented resus status prior to a trial of AIRVO.
The treatment was well tolerated in 86% of patients with a documented objective reduction in symptom burden with the commencement of AIRVO.

All patients admitted to ICU were discharged to a ward. 188 days were spent on AIRVO out of ICU, an average of 8.54 days per patient. There were no discharges to the community on AIRVO.

4.5% of our sample had documented difficulty with AIRVO tolerance, attributed to co-existing delirium.
Increasing availability of AIRVO devices in acute hospitals, hospices and communities will contribute toward alleviation of symptom burden in a cost-effective manner.

AIRVO is a well-tolerated intervention providing improved symptom control. Implementation of AIRVO may provide cost savings by ICU admission avoidance while providing high-flow oxygen in a general ward or community setting.