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# ERS statement on paediatric long-term noninvasive respiratory support

Brigitte Fauroux<sup>1,2</sup>, François Abel<sup>3</sup>, Alessandro Amadeo<sup>4</sup>, Elisabetta Bignamini<sup>5</sup>, Elaine Chan<sup>3</sup>, Linda Corel<sup>6</sup>, Renato Cutrera<sup>7</sup>, Refika Ersu<sup>8</sup>, Sophie Installé<sup>9</sup>, Sonia Khirani<sup>1,2,10</sup>, Uros Krivec<sup>11</sup>, Omendra Narayan<sup>12</sup>, Joanna MacLean<sup>13</sup>, Valeria Perez De Sa<sup>14</sup>, Marti Pons-Odena<sup>15,16</sup>, Florian Stehling<sup>17</sup>, Rosario Trindade Ferreira<sup>18</sup> and Stijn Verhulst<sup>9,19</sup>

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

Corresponding author: Brigitte Fauroux ([brigitte.fauroux@nck.aphp.fr](mailto: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>

**Cite this article as:** Fauroux B, Abel F, Amadeo A, *et al.* ERS statement on paediatric long-term noninvasive respiratory support. *Eur Respir J* 2022; 59: 2101404 [DOI: 10.1183/13993003.01404-2021].

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Received: 3 June 2021  
Accepted: 3 Oct 2021

## 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.