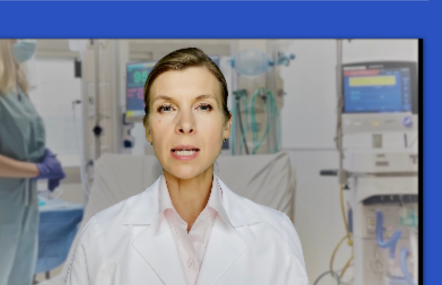
Helmet-Based Ventilation for Acute Respiratory Failure

A Step-by-Step Course on Helmet Based Non-Invasive Positive Pressure Ventilation for COVID and non-COVID patients

- Reduces the learning curve for healthcare professionals
- Reduces work for clinicians
- Reduces rates of intubation, in-hospital mortality, and ICU length of stay
- Improves patient experience and their tolerance of the treatment
- Improves non-invasive ventilation success rates
- Ensures better results sooner with improved patient outcomes
- Saves money and resources



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A More Effective Solution for COVID-19 Treatment

Helmet-based positive pressure ventilation saves lives, shortens ICU stay for patients who need ventilatory support and can be used in step-down units. It is beneficial for all respiratory distress patients, regardless of its cause.

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Our Primary Goal is to supply vital information to clinicians about helmet use for non-invasive ventilation in patients with respiratory distress as a complication of the COVID-19 virus.

Back to Top

Benefits offered by this Course

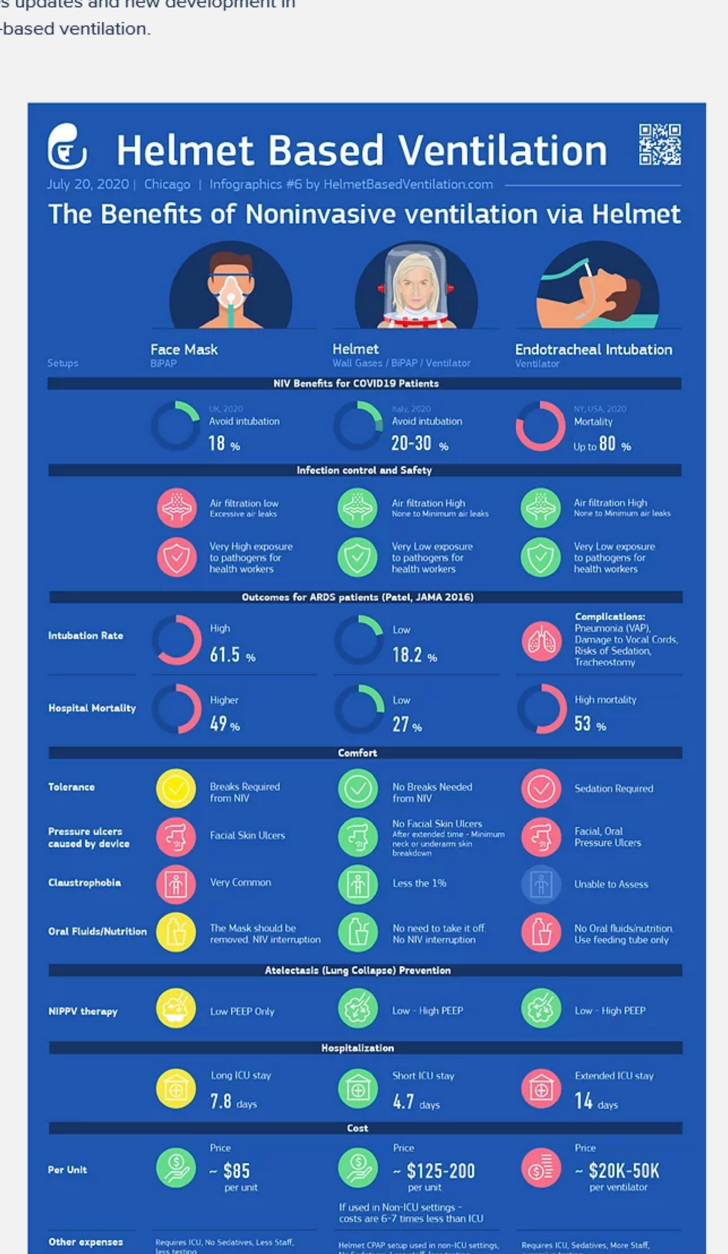
For healthcare professionals

- Reduces the learning curve for healthcare professionals implementing helmet-based ventilation treatment for faster adaptation of this life-saving therapy.
- Accessible to professionals from different departments: RNs, RTs and MDs.
- Reduces work load for clinicians while increasing non-invasive ventilation (NIV) success rates.
- Unique course material, not offered by any other learning provider.
- Includes updates and new development in helmet-based ventilation.

For patients

- Lowers rates of intubation, in-hospital mortality, and ICU length of stay
- Provides painless respiratory support, thereby improves patient experience and tolerance of the NIV therapy
- Ensures timely application and perfect fit, increasing the chances of positive patient outcomes.

Back to Top



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3. Patel, B. K., Wolfe, K. S., Pohlman, A. S., Hall, J. B., & Kress, J. P. (2016). Effect of Noninvasive Ventilation Delivered by Helmet vs Face Mask on the Rate of Endotracheal Intubation in Patients With Acute Respiratory Distress Syndrome: A Randomized Clinical Trial. JAMA, 315(22), 2435–2441. https://doi.org/10.1001/jama.2016.6338

Back to Top

WHAT EXPERTS ARE SAYING

“ The course is impressive, thorough, detailed, and a must-see for all inter-professional teams working with COVID-19 patients (at a minimum).

I was engaged immediately in **Module 1** by the history of helmet-based ventilation. I found it fascinating and informative (and plan to share it with others).

Module 2 was well placed and instructive (especially to a neophyte like me) about basic pathophysiology, physiological explanations, and their interface with different helmet applications (i.e., CPAP & PAV). The clinical descriptions were informative & detailed.

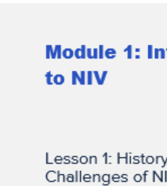
Module 3 was beneficial because it addressed many of the incidental questions providers might have in a classroom. These explanations were also detailed and thorough. The details would have been extremely useful to me if I worked with these helmets! My favorite section of this module was the self-proning & weaning section. I found myself saying, “wow, I never knew!” a couple of times. I also love that you have included the helmet failure factors. That is a necessary component of any education.

In **Module 4**, the issues and solutions sections were also comprehensive and thought-provoking. I especially loved the nursing interventions and nursing checklist.

Module 5 is very timely to the future of nursing 2030 report in that it detailed the importance and pathways for creating inter-professional helmet teams. Detailing patient education and costs s separate considerations again demonstrates the thoroughness of the education, especially from a nurse's and administrator's viewpoint.

In **Module 6**, I found the design discussions between helmets fascinating and instructive. I particularly like that it emphasizes the discussion is focused on the United States' availability of helmets. The accessories discussion offered a thorough approach to what otherwise might be overlooked in a presentation of equipment.

One of the essential takeaways I discovered is that helmets and helmet-based ventilation are patient-friendly, provider-friendly, and resource-friendly. ”



Park Balevre, DNP, RN-BC, CNE
Associate Professor, Doctor of Nursing Practice DNP Program at Chamberlain University College of Nursing

Back to Top

Course Modules

Module 1: Introduction to NIV

- Lesson 1: History, Trends and Challenges of NIV
- Lesson 2: Current Helmet NIV Use
- Lesson 3: The Benefits of Helmet NIV
- Module 1: Suggested Reading
- Module 1: Quiz

Module 2: Helmet NIV Indications, Set-up, and Applications

- Lesson 1: Oxygen Delivery Configurations and Settings
- Lesson 2: Helmet Preparation, Application and Removal
- Lesson 3: Indications for Helmet NIV
- Module 2: Quiz

Module 3: Monitoring, Titration, and End of Treatment

- Lesson 1: Starting Therapy
- Lesson 2: Titration of PEEP, Fi02 and Flow Rate
- Lesson 3: Benefits of Self-proning
- Lesson 4: Helmet NIV Weaning
- Lesson 5: Helmet NIV Failure and Intubation
- Module 3: Quiz

Module 4: Helmet NIV Issues and Their Solutions

- Lesson 1: Carbon Dioxide Rebreathing
- Lesson 2: Air Leaks
- Lesson 3: Asynchrony with the Ventilator
- Lesson 4: Anxiety and Claustrophobia
- Lesson 5: Noise and Pressure in Ears
- Lesson 6: Skin Irritation and Injuries
- Lesson 7: Meeting Patient's Basic Needs and Providing Comfort
- Module 4: Nursing Checklist
- Module 4: Quiz

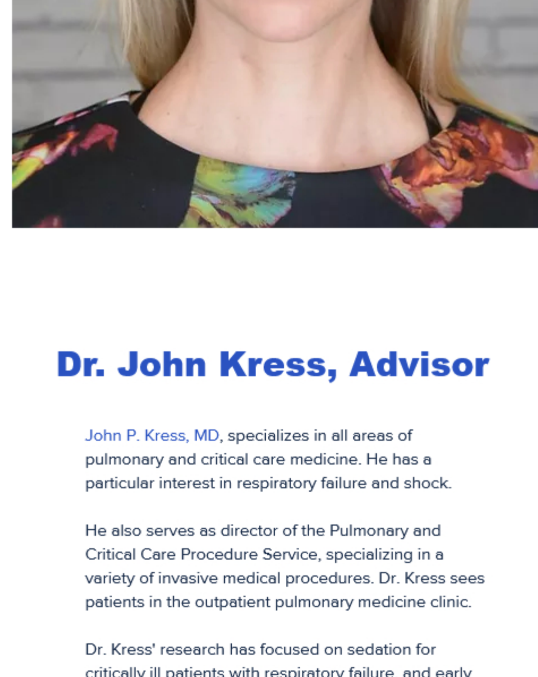
Module 5: Helmet NIV Champions

- Lesson 1: Essential Elements for Success
- Lesson 2: Patient Education
- Lesson 3: Cost of Helmet NIV
- Module 5: Quiz

Module 6: Helmets and Other Accessories

- Lesson 1: Helmets Available in the US
- Lesson 2: Key Elements of Helmet Design
- Lesson 3: Helmet Accessories

Back to Top



About Your Instructor

Aurika Savickaite, RN, MSN, was involved in successfully testing the helmet interface in the ICU at the University of Chicago during a three-year trial study. She was awarded a Master of Science in Nursing as an Acute Care Nurse Practitioner at Rush University College of Nursing in 2014. There, she did her case presentation, Non-invasive Positive Pressure Ventilation (NIPPV) for Treatment of Acute Respiratory Failure in Immunocompromised Patient, based on her experience with ventilation via the helmet.

Savickaite has worked as a registered nurse and patient care manager at the University of Chicago Medical Center, Medical Intensive Care Unit, and as a staff nurse at Vilnius University Hospital, Santariskiu Clinic, in the intensive care unit.

Aurika Savickaite has been committed to community service for many years. Currently, she is a member of the Chicagoland Lithuanians Rotary Club and creator of the HelmetBasedVentilation.com She also provides trainings to clinicians on site or virtually.

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Back to Top

Dr. John Kress, Advisor

John P. Kress, MD, specializes in all areas of pulmonary and critical care medicine. He has a particular interest in respiratory failure and shock.

He also serves as director of the Pulmonary and Critical Care Procedure Service, specializing in a variety of invasive medical procedures. Dr. Kress sees patients in the outpatient pulmonary medicine clinic.

Dr. Kress' research has focused on sedation for critically ill patients with respiratory failure, and early intervention in patients with respiratory failure to reduce functional decline after discharge from the ICU.

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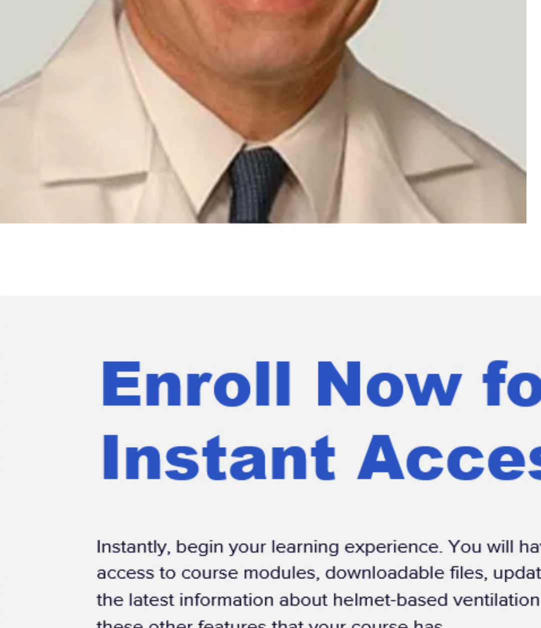

Back to Top

Back to Top

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Back to Top

Frequently Asked Questions

When should I start seeing results?

What type of results do you see from other students who have taken this course?

How much money should I expect to save a year after completing this course?

Do you offer any type of discount?

How long would it take me to finish this course?

An Investment for both Staff and Patients

This unique course provides invaluable information about the value and implementation of helmet-based ventilation. The benefits for investing in this course will pay dividends in the quality of care your staff can provide, the improved treatment of affected patients, and the value of your clinic to the community it serves. Enroll today.

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Back to Top

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Back to Top

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We share tips and ideas from those using helmets, but these may be off-label and untested ideas and should not be construed as medical advice, FDA approved modifications or proven safe or effective. Please consider these with caution.

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