Management of acute neuromuscular disorders.

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Abstract
Imminent neuromuscular respiratory failure is recognized by shortness of breath, restlessness, and tachycardia and is often followed by tachypnea, constantly interrupting speech, asynchronous breathing and sometimes paradoxical breathing and use of scalene and sternocleidomastoid muscles. Once a patient presents with such a constellation of signs, there are some difficult decisions to be made and include assessment of the severity of respiratory failure and in particular when to intubate. Failure of the patient to manage secretions as a result of oropharyngeal weakness rather than neuromuscular respiratory weakness may be another reason for acute intubation. Any patient with rapidly worsening weakness on presentation will need admission and observation in an intensive care unit. This chapter summarizes the pathophysiology of acute neuromuscular respiratory failure, its clinical recognition and respiratory management and outcome expectations.

KEYWORDS: Intensive care; Mechanical ventilation; Neuromuscular disease; Respiratory failure

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