

## Editor's Preface

“Nocturnal noninvasive ventilation”: the term, rightly, is at once compelling and confusing; the current state of the art reflects this. Imperative indeed is the need for better appreciation of the background and theory of noninvasive ventilation, and its optimal application both awake and in sleep. For the art and science of noninvasive ventilation is a “black box” even among the most well-taught and intuitive of our clinicians and researchers, particularly when the “nocturnal” imperatives (usually, read “sleep”) are considered, or at least should be considered. What is the history of such ventilation, what is the current biologic and clinical evidence base, and what are the lessons of these for current standards of practice of this critical health-care modality? What are the clinical conditions and medical settings which should, and must, be met with noninvasive ventilation (e.g., acute or chronic hypoventilation syndromes and settings in which hypoventilation and cardiorespiratory status can be improved or at least sustained); in which physiologic state is such ventilation best applied (e.g., awake, asleep, and both); how is such ventilation optimally applied (e.g., interface, settings, and mode), and how best assessed for accuracy (e.g., bedside clinical and blood gas monitoring of the patient, polysomnography) acutely, and chronically (e.g., objective tracking systems)?

This volume is novel in its design and purpose: to be a readable, intelligible, precise, comprehensive, and authoritative single textbook encompassing the most current clinical and theoretical knowledge base necessary to understand the clinical imperatives and optimal practice of this most noble and important aspect of our medical profession and encounters; to inform and stimulate clinicians and researchers to optimally work out the investigational demands of the field of noninvasive ventilation in 2015 and well beyond; and to allow us to apply the modality of noninvasive ventilation for the optimal benefit of a critically ill and a most vulnerable population.

And, to allow the “black box” of nocturnal noninvasive ventilation to be opened, and to remain so.

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Theory, Evidence, and Clinical Practice

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