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How does this mode work?

- Delivers a set volume of air with each breath; patient triggered breaths are identical to machine triggered breaths
- Time and patient triggered, volume cycled, volume limited mode

What are the variables I set?

- **RR** respiratory rate
- TV tidal volume (better to express in terms of cc/kg PWB than ccs)
- **PEEP** positive end expiratory pressure (typically at least +5)
- **FiO2** fraction of inhaled oxygen (typically at least 30%)
- **V** ("v dot) inspiratory flow rate (typically 30-60 lpm)
- Flow pattern is the flow constant (e.g. square wave) or decelerating ('decel') Decel may be more comfortable but it prolongs the inspiratory phase

When should I use this mode?

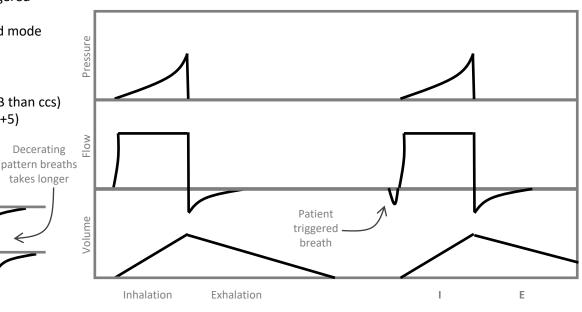
- Ensures that a patient receives a minimum MV
- This is a good general-purpose mode; good for providing Lung Protective Ventilation (LPV)
- PRVC <u>may have lower peak pressures</u>; pressure modes may be more comfortable for select patients

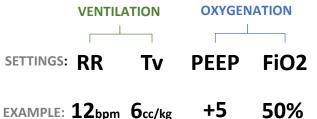
What do I need to monitor?

- Need to make sure the peak pressure and plateau pressure do not exceed safe limits.
 - \rightarrow If P_{plat} is too high decrease the Tv
- You will also need to monitor MV. If the patient is triggering excessively (or auto-triggering), they can become alkalemic.

Choosing Initial settings

- RR Try to match the persons initial minute ventilation by selecting a rate to match their pre-intubation MV needs.
- TV Use 8cc/kg PBW and adjust as needed. For patients with ARDS (or at high risk) consider starting at 6cc/kg PBW.
- · Start with low PEEP and high FiO2 and wean to maintain SpO2 goal (typically > 90%).





ABG: pH / PCO₂ / PaO₂ / HCO₃

If you want to increase the pH \rightarrow increase the minute ventilation

(MV) by changing the

RR and TV

If you want to increase the PaO2 or SpO2 increase the FiO2 and **PEEP**

Advanced settings I:E RATIO **TRIGGER** Flow Pattern Square wave Flow 40_{lpm} **Decelerating** Pressure Flow trigger is If you want to decrease may be more Inhalation time (increase

the I:E ration) → increase

the inspiratory flow rate

(V) and use square wave

flow pattern

sensitive that pressure; adjust autotriggering

to limit