

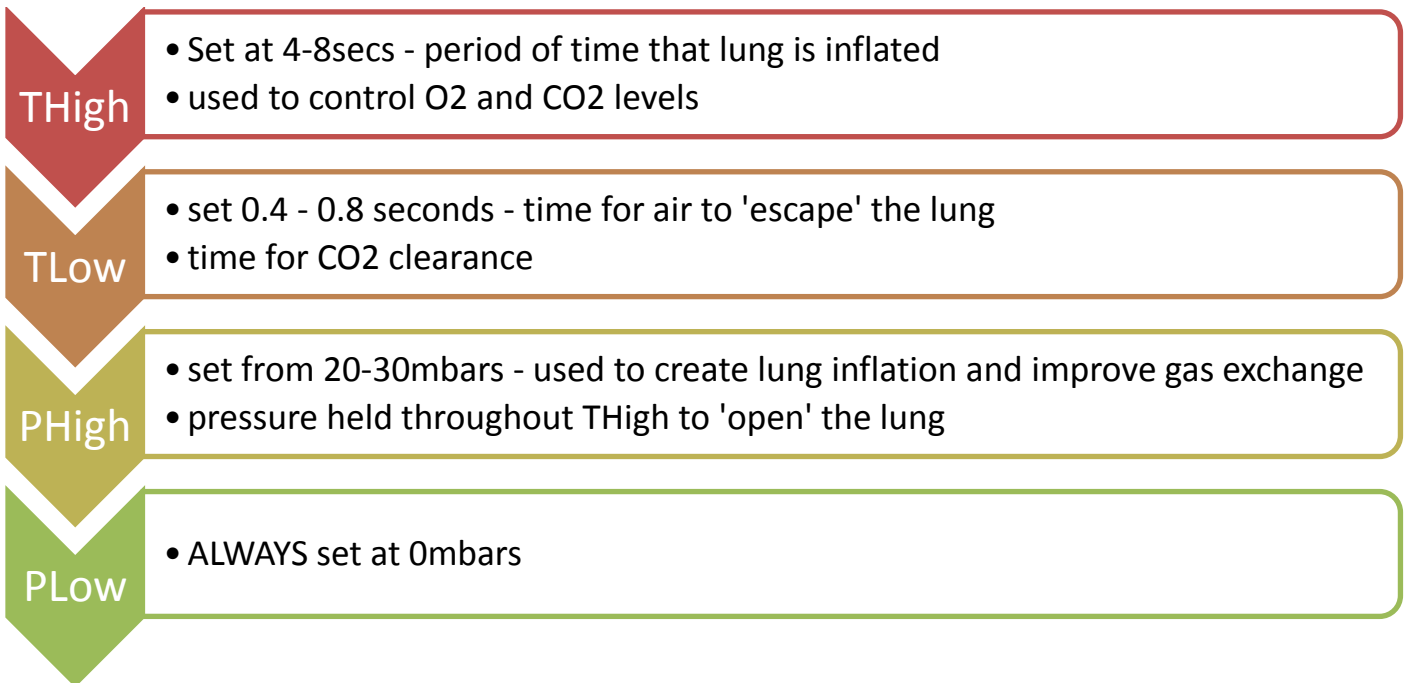
# Guidelines for NON - CRITICAL CARE staff

## Use of APRV ventilation in Intensive Care

- APRV (Airway Pressure Release Ventilation) is an advanced respiratory ventilation therapy for severe respiratory failure with refractory hypoxemia.
- APRV will be prescribed and set by a SENIOR clinician – Consultant or Registrar level

### • Non-ICU staff must not alter any settings

#### MAIN SETTINGS FOR APRV



**NB: we do NOT set a respiratory rate in APRV**

#### ADDITIONAL POINTS:

- 'Tube compensation' must be set at 100% and for correct tube size.
- Short catheter mounts must be used. 'Dead space' should be minimised.
- ET tube should be CLAMPED when breaking circuit for HME or catheter mount change.
- Patient respiratory pattern may look 'odd' as this therapy does not set a 'normal looking' respiratory pattern – there are not traditional breaths in & out.

**ICU Guidelines for APRV are found on the info ICU page:**

Infonet > critical care unit > clinical guidelines > APRV

**A simple PowerPoint guide to APRV is on the TDrive:**

TDrive >critical care units > EDUCATION (nurses) > ventilation > APRV

## Guidelines for NON - CRITICAL CARE staff

### Use of APRV ventilation in Intensive Care

- **Non-ICU staff must not alter any settings**

#### DAILY MANAGEMENT

- Confirm OXYGEN, CO<sub>2</sub>, SaO<sub>2</sub> and pH targets on daily ward round.
- Patient may need regular nebs (bronchodilators and saline) to keep tube and airways clear and ensure good lung deflation.
- Patient is a HIGH RISK airway – someone MUST hold/manage the OETT when repositioning the patient.
- If you need to break the circuit to change an HME/suction set/catheter mount – this is a 2 person technique and the ET tube must be clamped whilst you do this.

