

TRILOGY 202 FOR **INVASIVE** VENTILATION

Settings and Alarms for PC-SIMV:

Confirm settings and alarms before connecting patient.

Select **MODIFY** to change settings. (The settings from the previous use will be saved unless the machine is 'Reset'). Under **MENU**. >Use DOWN button to highlight **SETTINGS AND ALARMS**.>Use the RIGHT button to select.

Setting:	Initial value	Comments
Dual Prescription	OFF	Dual Prescription allows separate day and night prescriptions for the patient, not used acutely.
Mode	PC-SIMV	Pressure Control – synchronised intermittent mandatory ventilation.
Circuit Type	Passive	Single limb circuit with expiratory port
Inspiratory Pressure	25	As per by senior Clinician – for mandatory/assist breaths
PEEP	5	As per by senior Clinician – for all breaths
Pressure Support (Above PEEP)	20	As per by senior Clinician – for spontaneous breaths
Breath Rate	20	Rate delivered if patient is not triggering spontaneous breaths.
Inspiratory time	1.0	For mandatory/assist breaths. (Minimum 1 sec)
FiO2	Start 100 %	Wean as required - aim target sats or paO ₂ as per senior clinician
Trigger Type	Flow Trigger	The amount of flow required for a patient to trigger a spontaneous breath. Can be adjusted for complex patients, needs senior review.
Flow Trigger Sensitivity	5.0 L/min	Can be adjusted for complex patients, needs senior review. E.g. if the patient is weak or not synchronising. 4 L/min will trigger breathe with less effort from patient.
Flow Cycle Sensitivity	25%	Trigger for expiration on spontaneous breaths. Can be adjusted for complex patients, needs senior review.
Rise Time	2	Time taken at start of inspiration to reach peak pressure. Measured in 0.1 sec (i.e. 2 = 0.2 sec)
Nebulizer enabled	OFF	Can use <i>aerogen device</i> with trilogy using specialised equipment from ICU.
Alarm:	Suggested value	Comments
Circuit disconnect alarm	10 sec	
Apnoea alarm	OFF	Only applicable when patient is spontaneously breathing.
Low Vte (tidal volume) alarm	200	Depends on patient ideal weight, adjust accordingly
High Vte (tidal volume) alarm	600	Depends on patient ideal weight, adjust accordingly
Low minute volume alarm	4.0	Minute volume = rate x tidal vol.
High minute volume alarm	14.0	Minute volume = rate x tidal vol.
Low respiratory rate alarm	10	Adjust accordingly
High respiratory rate alarm	30	Adjust accordingly

Settings must be determined by a competent clinician, seek help from ICU/Anaesthetics if unsure.

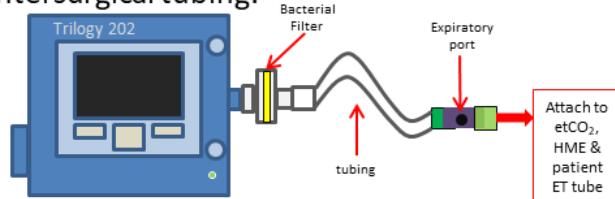
INVASIVE MODES

PC-SIMV Invasive Ventilation on trilogy 202 ventilator.

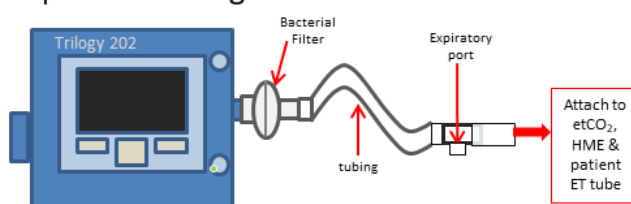
Intubation is considered high-risk aerosol generating – use full PPE as per infection prevention guidelines.

1. Is the patient suitable for INVASIVE ventilation? –document decisions, including escalation plan.
2. Inform Anaesthetics/ICU and CCOT.
3. Set up with tubing, bacterial filter and expiratory port, as shown.
4. Attach to etCO₂ monitor, HME on catheter mount attached to ET tube.
5. For pressure controlled use mode: **PC-SIMV**
6. **Confirm settings with competent clinician**
7. Check all settings and alarms – use laminated **set up sheet** (also on infonet).
8. Document using ICU Level 3 patient documentation.

Intersurgical tubing:



Respironics tubing: (REMOVE thin TUBING and cap off)



IMPLEMENTED MAR 2020

VERSION 5.0

REVIEW DUE MAR 2022

Document NOW!

Prompt Card 10c

Philips Respironics tubing:

(REMOVE EXTRA TUBING and cap off)



Additional Bacterial/Viral expiratory filter **not** required if using with HME filter.



Bacterial/Viral
Filters – change
every 24 hours

Setting Up
Video:



Programming
Video:

