

Managing a Ventilated Patient for NON Critical Care Staff

REMEMBER, Other than Oxygen, you are not expected to make any changes on the Ventilator without a senior ICU Nurse or Anaesthetic doctor

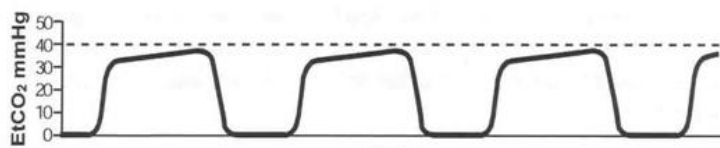
If FiO₂ has increased by more than 20% seek advice

Aim PaO₂ > 8 KPa & O₂ Sats > 92-94%

CO₂ (EtCO₂) Waveform must be displayed at all times



CO₂ waveform confirms airway placement. If the trace is lost, CALL FOR HELP IMMEDIATELY



Normal CO₂ Trace

HME Filter must be Changed at least once per shift or when wet Visibly or soiled



Will need changing more frequently if pyrexial or frequent Nebs
Wet filter will impede Ventilation

Basic Terminology

Tidal Volume
TV / V_{Te}



Volume of gas in and out of the lungs in 1 breath



Aim 6-8mls/kg of ideal body weight

Minute Volume
(MV)



Volume of gas in and out of the lungs in 1 minute
TV X RR



Normal MV 4-10L

Insp Pressure/P High



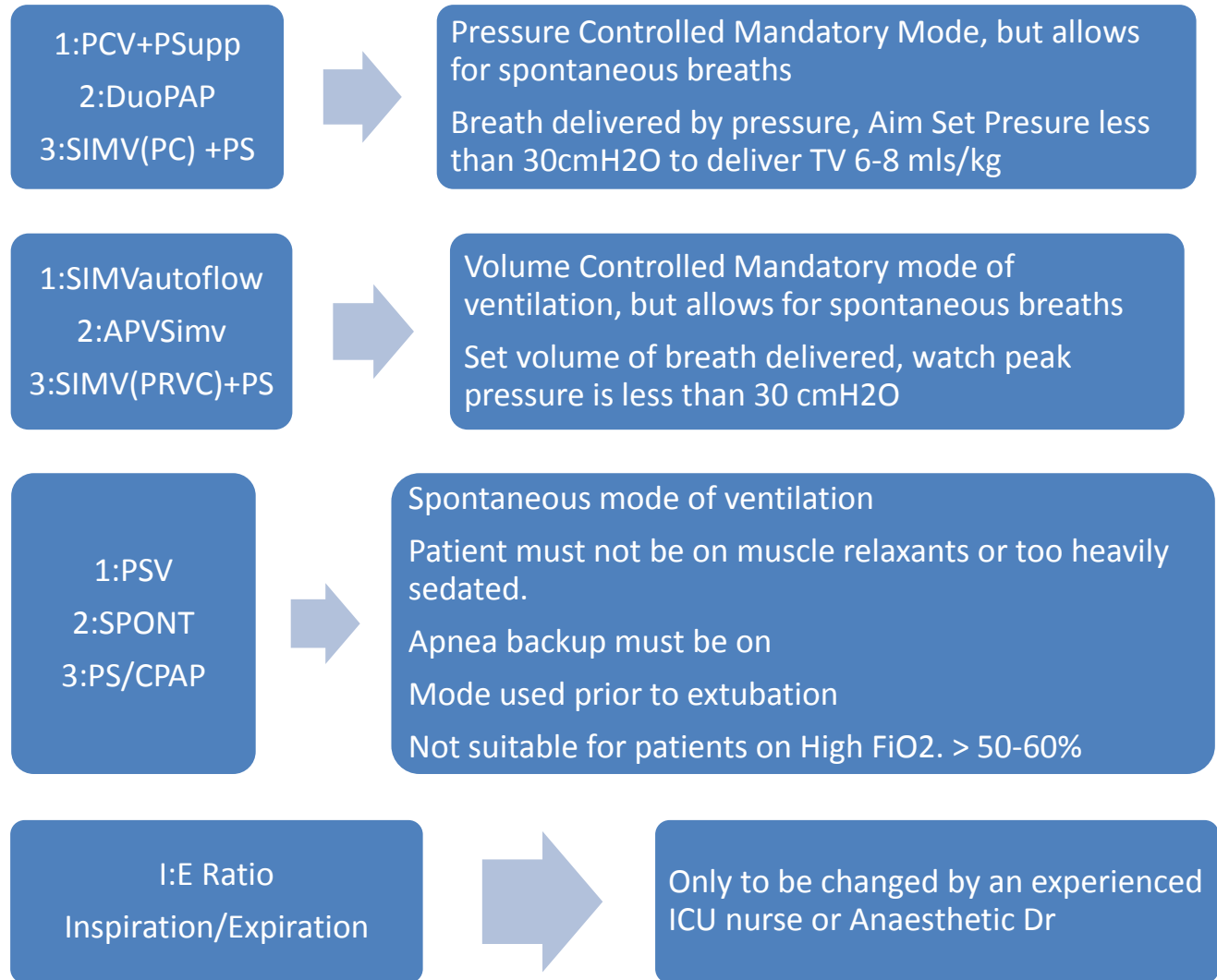
Amount of pressure required to deliver an adequate TV



Pressure to deliver a breath should aim <30 cmH₂O

- 1: EVITA XL ventilator
- 2: HAMILTON G5 ventilator
- 3: SERVO U ventilator

Frequently used modes of ventilation



Asynchrony with the Ventilator

If you are concerned that your patient does not appear comfortable or not synchronizing with the Ventilator - CALL FOR HELP

Hourly Obs, What to Document

Mode of Ventilation	Tidal Volume (VTe)
FiO2	Minute Volume (MV)
Set Inspiratory pressure	Peak Pressure
PEEP	Frequency of suction
Set Rate/frequency	Sputum Colour/Thickness