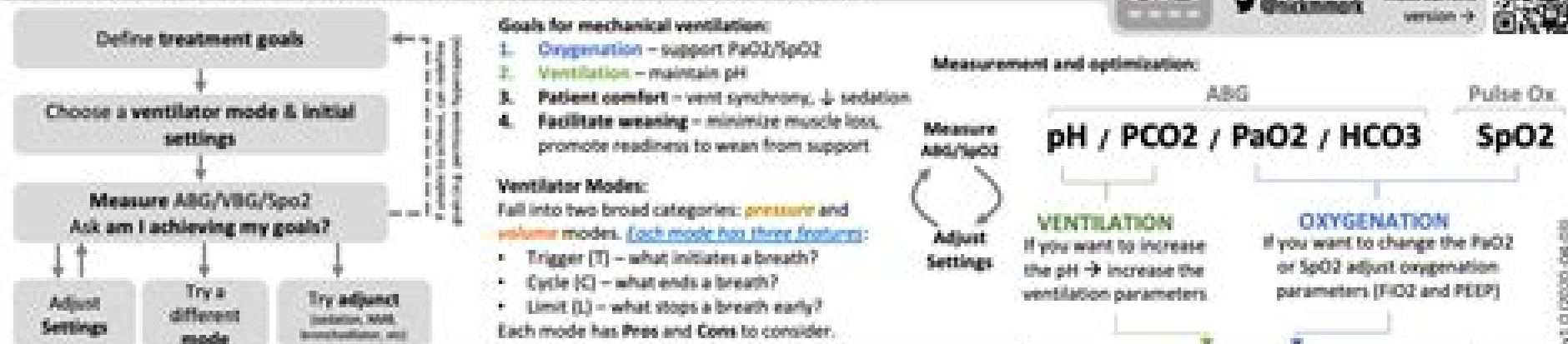


OVERVIEW OF VENTILATOR MODES by Nick Mark MD

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Mode	Description	Pros	Cons	Major settings / example	Monitor
VC Volume Control (a.k.a. assist control volume)	Every breath delivered (mandatory and patient triggered) is the same set volume (TV) T – time/pressure/flow, C – volume, L – volume	Good general-purpose mode; Ensures a minimum MV is achieved. Good mode for lung protective ventilation (LPS)	Requires you to monitor pressures to avoid barotrauma. (See my OnePager on ABGs for details.)	RR, TV, PEEP, FIO ₂ 12 bpm, 450cc, +8, 60% (RR – respiratory rate, TV – tidal volume)	Pressures (P _{peak} , P _{plat})
PC Pressure Control (a.k.a. assist control pressure)	Every breath delivered (mandatory & patient triggered) is a set pressure (IP) for a set time (T) T – time/pressure/flow, C – time, L – pressure	Good for limiting pressure; may be more comfortable for select patients. Also can be used for LPS (no difference in mortality)	Requires you to monitor volumes to avoid volutrauma or hypoventilation	RR, IP, T _i , Risetime, PEEP, FIO ₂ 12 bpm, 25 cmH ₂ O, 0.9 sec, 0.15 sec, +8, 60% (IP – inspiratory pressure, T _i – inspiratory time)	Volumes (TV, MV)
PRVC Pressure Regulated Volume Control (a.k.a. VCV, APV, AutoFlow)	Hybrid PC mode that dynamically changes inspiratory pressure to deliver a desired volume T – time/pressure/flow, C – volume, L – volume	Guarantees TV but delivers pressure-controlled breaths; (e.g. low risk of causing VILI), which potentially may be more comfortable for patients	In patients who are struggling (e.g. high WOB) this mode will provide less support	RR, TV, T _i , Risetime, P _{max} , PEEP, FIO ₂ 12 bpm, 450cc, 0.9 sec, 0.15 sec, 30 cmH ₂ O, +8, 60% (P _{max} – maximum pressure)	Pressures & volumes
SIMV Synchronous Intermittent Mandatory Ventilation	Delivers mandatory breaths with a fixed volume but patient can trigger (patient breaths are not the same as mandatory breaths); can use PS T – time, C – volume, L – volume	May be useful for patients with hiccups to avoid alkalemia	Seldom used; not effective for weaning; often found to be uncomfortable	RR, TV, PEEP, FIO ₂ 12 bpm, 450 cc, +8, 60%	Pressure (P _{peak} , P _{plat})
PS Pressure Support	All breaths are patient initiated; ventilation determined solely by patient (no backup rate). T – pressure/flow, C – flow, L – pressure	Ideal weaning mode (used in SBTs and for prolonged periods); most comfortable because it allows patient to control ventilation	Does not guarantee a rate; need to monitor to ensure adequate ventilation	PS, PEEP, FIO ₂ +10, +5, 40% (Note that PS is above PEEP so "Ten over Five" PIP = 15cmH2O)	Volumes (TV, MV)
APRV Airway Pressure Release Ventilation (a.k.a. BiVent)	Inverse ratio ventilation (e.g. if time > 1 time) that allows patient to breath spontaneously; can combine w/ PS T – time, C – time, L – pressure	Great for ARDS patients who are spontaneously breathing (e.g. not on NMBS); maximizes comfort & oxygenation (but no mortality benefit)	Complex mode/settings; risk of VILI if settings are done improperly; doesn't make sense if on NMBS	T _{high} , T _{low} , P _{high} , P _{low} , FIO ₂ 5.5 sec, 0.5 sec, 25 cmH ₂ O, 0 cmH ₂ O, 60% (T_{high}/T_{low} – time high/low, P_{high}/P_{low} – pressure high/low; also note that P_{low} is analogous to PEEP)	Volumes & gas exchange (PCO ₂ /f, EtCO ₂)

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Ventilator Operating Guide

Jeffrey Jones

A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the author's name.

Ventilator Operating Guide:

Medical Ventilator System Basics: A Clinical Guide Yuan Lei, 2017-06-16 Medical Ventilator System Basics A clinical guide is a user friendly guide to the basic principles and the technical aspects of mechanical ventilation and modern complex ventilator systems Designed to be used at the bed side by busy clinicians this book demystifies the internal workings of ventilators so they can be used with confidence for day to day needs for advanced ventilation as well as for patients who are difficult to wean off the ventilator Using clear language the author guides the reader from pneumatic principles to the anatomy and physiology of respiration Split into 16 easy to read chapters this guide discusses the system components such as the ventilator breathing circuit and humidifier and considers the major ventilator functions including the control parameters and alarms Including over 200 full colour illustrations and practical troubleshooting information you can rely on regardless of ventilator models or brands this guide is an invaluable quick reference resource for both experienced and inexperienced users

Mechanical Ventilation Manual Suhail Raoof, Faroque A. Khan, 1998 Based on a highly successful workshop at Annual Session Mechanical Ventilation Manual answers the clinically important questions faced while putting patients on and weaning them from mechanical ventilation Designed for easy use the Manual is divided into three sections Why Ventilate How to Ventilate and Problems During Mechanical Ventilation

U.S. ARMY AEROMEDICAL EVACUATION CRITICAL CARE FLIGHT PARAMEDIC STANDARD MEDICAL OPERATING GUIDELINES (2023-2024) U.S. Army , 2022-12-31

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INTRODUCTION The SMOG continues to go through significant improvements with each release as a result of the collaboration of Emergency Medicine professionals experienced Flight Medics Aeromedical Physician Assistants Critical Care Nurses and Flight Surgeons There has been close coordination in the development of these guidelines by the Joint Trauma System and the Defense Committees on Trauma Our shared goal is to ensure the highest quality en route care possible and to standardize care across all evacuation and emergency medical pre hospital units It is our vision that all of these enhancements and improvements will advance en route care across the services and the Department of Defense Unit medical trainers and medical directors should evaluate Critical Care Flight Paramedics CCFP ability to follow and execute the medical instructions herein These medical guidelines are intended to guide CCFPs and prehospital professionals in the response and management of emergencies and the care and treatment of patients in both garrison and combat theater environments Unit medical providers are not expected to employ these guidelines blindly Unit medical providers are expected to manipulate and adjust these guidelines to their unit s mission and medical air crew training experience Medical directors or designated supervising physicians should endorse these guidelines as a baseline appropriately adjust

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as a result of the collaboration of Emergency Medicine professionals experienced Flight Medics Aeromedical Physician Assistants Critical Care Nurses and Flight Surgeons There has been close coordination in the development of these guidelines by the Joint Trauma System and the Defense Committees on Trauma Our shared goal is to ensure the highest quality en route care possible and to standardize care across all evacuation and emergency medical pre hospital units It is our vision that all of these enhancements and improvements will advance en route care across the services and the Department of Defense Unit medical trainers and medical directors should evaluate Critical Care Flight Paramedics CCFP ability to follow and execute the medical instructions herein These medical guidelines are intended to guide CCFPs and prehospital professionals in the response and management of emergencies and the care and treatment of patients in both garrison and combat theater environments Unit medical providers are not expected to employ these guidelines blindly Unit medical providers are expected to manipulate and adjust these guidelines to their unit s mission and medical air crew training experience Medical directors or designated supervising physicians should endorse these guidelines as a baseline appropriately adjust components as needed and responsibly manage individual unit medical missions within the scope of practice of their Critical Care Flight Paramedics Enroute Critical Care Nurses and advanced practice aeromedical providers The medication section of this manual is provided for information purposes only CCFPs may administer medications only as listed in the guidelines unless their medical director supervising physician orders a deviation Other medications may be added so long as the unit supervising physician and or medical director approves them This manual also serves as a reference for physicians providing medical direction and clinical oversight to the CCFP Treatment direction which is more appropriate to the patient s condition than the guideline should be provided by the physician as long as the CCFP scope of practice is not exceeded Any medical guideline that is out of date or has been found to cause further harm will be updated or deleted immediately The Medical Evacuation Concepts and Capabilities Division MECCD serves as the managing editor of the SMOG and are responsible for content updates managing the formal review process and identifying review committee members for the annual review The Standard Medical Operating Guidelines are intended to provide medical procedural guidance and is in compliment to other Department of Defense and Department of the Army policies regulatory and doctrinal guidance Nothing herein overrides or supersedes laws rules regulation or policies of the United States DoD or DA

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Complications in Anesthesia John L. Atlee, 2007-01-01 Practical text focuses on complications in the practice of anesthesia Divided into sections similar to the thought processes involved in decision making Thumb indexing and cross references are also included All chapters have a case synopsis problem analysis and discussion of management and prevention

Mechanical Ventilation Peter J. Papadakos, Peter Papadakos, Burkhard Lachmann, 2007-01-01 One of the key tools in effectively managing critical illness is the use of mechanical ventilator support This essential text helps you navigate this rapidly evolving technology and understand the latest research and treatment modalities A deeper understanding of the effects of mechanical ventilation will enable you to optimize patient outcomes while reducing the risk of trauma to the lungs and other organ systems A physiologically based approach helps you better understand the impact of mechanical ventilation on cytokine levels lung physiology and other organ systems The latest guidelines and protocols help you minimize trauma to the lungs and reduce patient length of stay Expert contributors provide the latest knowledge on all aspects of mechanical ventilation from basic principles and invasive and non invasive techniques to patient monitoring and controlling costs in the ICU Comprehensive coverage of advanced biological therapies helps you master cutting edge techniques involving surfactant therapy nitric oxide therapy and cytokine modulators Detailed discussions of both neonatal and pediatric ventilator support helps you better meet the unique needs of younger patients

Critical Care Manual of Clinical Nursing Procedures Suzanne Bench, Nicki Credland, Chris Hill, 2024-10-30 Critical Care Manual of Clinical Nursing Procedures The second edition of Critical Care Manual of Clinical Nursing Procedures is a practical overview of essential procedures for the care of critically ill patients Beginning with chapters outlining the current scope of critical care the book adopts a systematic stage by stage approach from admission to discharge At each stage it provides insights into physiology key procedures and the relevant evidence base Now fully updated to incorporate the latest research and best practices this volume is poised to remain an

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