Using Common Ventilator Graphics to Provide Optimal Ventilation

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Disclosure Information

No disclosure information related to this topic

Objectives

- Identify clinical problems associated with mechanical ventilation using a modern ventilator and their graphic package
- Discuss the adjustment of settings and use of graphics in correcting common clinical problems

Topics

- Common graphics displays
- Pressure, flow and volume time curves during VCV, PCV, PRVC, SIMV, PSV
- Pressure volume curves
- Flow-volume loops
- Common clinical conditions
- Case study

Common Graphics Displays

- A. Pressure Time curves
- B. Flow Time curves
- C. Volume Time curves
- D. Pressure -Volume curves
- E. Flow Volume curves









Modes of Ventilation

Two parts

 Pattern of the Breaths
 Type of Breath Delivered

Modes of Ventilation

Pattern of the Breaths

-Assist/Control

Patient/time triggered into inspiration
– SIMV

Patient/time triggered into inspiration
 – Spontaneous Breathing / CPAP
 Patient triggered into inspiration

Modes of Ventilation

Type of Breath Delivered

- Volume Ventilation

Patient/ time triggered, flow/volume limited, Volume / time cycled

- Pressure Control Ventilation

Patient/ time triggered, pressure limited, time cycled

 – Dual Control / Pressure Regulated Volume Control (PRVC)

Patient/ time triggered, pressure limited and volume targeted, time cycled

Spontaneous ventilation with Pressure Support
 Patient triggered, pressure limited, flow cycled

Flow, Pressure, & Volume Time Curves during Volume Control Ventilation



Flow, Pressure, & Volume Time Curves during Volume Control Ventilation



Flow, Pressure, & Volume Time Curves during Volume Control Ventilation



Flow, Pressure, & Volume Time Curves during Pressure Control Ventilation



Flow, Pressure, & Volume Time Curves during AutoFlow (PRVC)



Flow, Pressure, & Volume Time Curves during SIMV- volume with CPAP



Flow, Pressure, & Volume Time Curves during Spontaneous Breathing on PSV



Flow, Pressure, & Volume Time Curves during Spontaneous Breathing on CPAP











Pressure-Volume Curve & Trigger Work





Flow-Volume Loop during Volume Control Ventilation





Common Clinical Problems

Increased Impedance $-\downarrow$ Compliance and \uparrow Resistance Over distension Inadequate inspiratory flows Air leak Auto PEEP and I:E Ratio Setting Rise Time or Pressure Ramp Setting Expiratory Trigger Sensitivity (ETS)

Decreased Compliance during Volume Control Ventilation





Decreased Compliance during Volume Control Ventilation



C=.05;R=5; C=.02;R=5;

Decreased Compliance during Pressure Control Ventilation



Decreased Compliance during PRVC



Increased Resistance during Volume Control Ventilation

C=.05;R=5



C=.05;R=20



Increased Resistance during Pressure Control Ventilation



Increased Resistance during PRVC



Increased Resistance



C=.05;R=5

C=.05;R=20

Over Distention



No patient effort

Air Leak



Inadequate Inspiratory Flow


Inadequate Inspiratory Flow



Auto PEEP



Auto PEEP

30 60







PS- 15; Pramp – 20 ms; Resistance- 20
 RR- 20; Exhaled VT- 591 mL



PS- 15; Pramp – 50 ms; Resistance- 20
 RR- 20; Exhaled VT- 580 mL



PS- 15; Pramp – 100 ms; resistance- 20
 RR- 20; Exhaled VT- 597 mL



PS- 15; Pramp – 200 ms; Resistance- 20
 RR- 20; Exhaled VT- 625 mL

Setting Expiratory Trigger Sensitivity



PS- 15; Pramp – 50 ms; ETS- 10%
 RR- 20; Exhaled VT- 700 mL

Setting Expiratory Trigger Sensitivity



PS- 15; Pramp – 50 ms; ETS- 25%
 RR- 20; Exhaled VT- 654 mL

Setting Expiratory Trigger Sensitivity



PS- 15; Pramp – 50 ms; ETS- 40%
 RR- 20; Exhaled VT- 604 mL

Avoid a Low ETS when Airway Resistance is High!



PS- 15; Pramp – 50 ms; ETS- 10%



Increase ETS – 40%

Case: 38 Year Old Trauma Patient

- A male weighing 90 Kg (IBW) Obtunded, labored breathing ■ NRB @ 15 L/min O₂, SpO₂- 85% Intubated and placed on an Avea Initial ventilator settings are - Tidal volume - 720 mL – Rate- 12 - PEEP- 10 $-FIO_{2}$ - 1.0
 - I-Time- 1.0 / Decelerating flow- 60 L/min

C MAIN



MAIN





MAIN



1. Which one of the following changes would you recommend?



A. Increase FlowB. Increase RateC. Decrease Tidal VolumeD. Decrease PEEP



A. Increase FlowB. Increase RateC. Decrease Tidal VolumeD. Decrease PEEP

Increase Peak Flow 70 L/min



Increase Peak Flow 80 L/min



Adjusting the Graphic Scales

70 L/min

80 L/min



SpO₂- 92%, FIO2-.80, PEEP- 10 to 14







2. Which one of the following changes would you recommend?



A. Decrease FlowB. Decrease RateC. Decrease Tidal VolumeD. Decrease PEEP



A. Decrease Flow
B. Decrease Rate
C. Decrease Tidal Volume
D. Decrease PEEP

Decreased Tidal Volume



Decreased Flow – Increase I-Time



Turn on V-sync





Increase I-Time



Decreased Tidal Volume







3. Which one of the following best explains these changes?



A. Decrease in Airway Resistance

- B. Decrease in Compliance
- C. Increase in Airway Resistance
- D. Increase in Compliance



A. Decrease in Airway Resistance
B. Decrease in Compliance
C. Increase in Airway Resistance
D. Increase in Compliance










3. Which of the following changes would you recommend?



A. Decrease in Time LowB. Decrease in Pressure HighC. Increase in Pressure LowD. Increase in PSV



A. Decrease in Time Low

- **B.** Decrease in Pressure High
- C. Increase in Pressure Low
- D. Increase in PSV



Habashi. Crit Care Med, 2005;33(3):S228-S240



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T-PEFR - peak expiratory flow rate termination point EELV - end-expiratory lung volume

Habashi. Crit Care Med, 2005;33(3):S228-S240









A. Increase in Pressure LowB. Increase in Pressure HighC. Decrease in Time HighD. Decrease in Time Low



A. Increase in Pressure LowB. Increase in Pressure HighC. Decrease in Time HighD. Decrease in Time Low



Conclusion

It is important to be knowledgeable of the equipment you use and adapt it to the patient's pathophysiology.

Thank You

