



# GUIDE FOR INITIAL SETTINGS FOR VOLUME CONTROLLED VENTILATION FOR DRAEGER OXYLOG 3000 PLUS

Assumes patient is apnoeic from sedation & nursed at 30° to minimise aspiration

	<b>LUNG PROTECTIVE STRATEGY</b> (all other patients >1yo if cuffed tube)	<b>OBSTRUCTIVE STRATEGY</b> (asthma/COPD if cuffed tube >1yo)																						
Mode	SIMV (default)	SIMV (default)																						
VT	6ml/kg ideal body weight- see chart	6ml/kg ideal body weight- see chart																						
RR	16-18 breaths/min then titrate to normal pCO <sub>2</sub> /pH	6-8 breaths/min then examine <b>EXPIRATORY FLOW CURVES</b> . If breath stacking, ↓ RR (min: 4 breaths/min) -permissive hypercapnoea (pH> 7.1)																						
P <sub>max</sub> (alarm)	≥40 (if alarms, follow instructions below)	≥40 (if alarms, follow instructions below)																						
FiO <sub>2</sub>	titrate using FiO <sub>2</sub> /PEEP scale → SpO <sub>2</sub> of 88-95%	minimal FiO <sub>2</sub> for SpO <sub>2</sub> 88-95%																						
PEEP	<table border="1"> <tr> <td>FiO<sub>2</sub></td> <td>40</td> <td>40</td> <td>50</td> <td>50</td> <td>60</td> <td>70</td> <td>70</td> <td>70</td> <td>80</td> <td>90</td> </tr> <tr> <td>PEEP</td> <td>5</td> <td>8</td> <td>8</td> <td>10</td> <td>10</td> <td>10</td> <td>12</td> <td>14</td> <td>14</td> <td>14</td> </tr> </table>	FiO <sub>2</sub>	40	40	50	50	60	70	70	70	80	90	PEEP	5	8	8	10	10	10	12	14	14	14	0
FiO <sub>2</sub>	40	40	50	50	60	70	70	70	80	90														
PEEP	5	8	8	10	10	10	12	14	14	14														
I:E	1:1.5 (default)	≥1:4																						
AutoFlow: ON	Slope:  (default)	Slope:  (ie: fast inspiratory flow rate)																						
Other	<ul style="list-style-type: none"> <li>if high PEEP results in ↓BP, give fluids &amp; inotropes keeping MAP&gt;65 (for paediatric values, check chart)</li> <li>if P<sub>max</sub> alarms, check for patient agitation/ tube obstruction. if not the cause, perform <b>INSPIRATORY HOLD MANOEUVRE</b> - if P<sub>plat</sub>&gt;30 ↓TV by 1ml/kg steps (min 4ml/kg)</li> </ul>	<ul style="list-style-type: none"> <li>sedate +++, avoid ongoing paralysis</li> <li>if ↓↓BP + difficult to ventilate, <b>disconnect</b> tube &amp; allow to expire stacked breaths</li> <li>if P<sub>max</sub> alarms, check for patient agitation/ tube obstruction. If not the cause, perform <b>INSPIRATORY HOLD MANOEUVRE</b> - if P<sub>plat</sub>&gt;30 ↓TV by 1ml/kg steps (min 4ml/kg)</li> </ul>																						

Further modifications depends on **hourly ABGs and haemodynamics**

	5'0"	5'2"	5'4"	5'6"	5'8"	5'10"	6'	6'2"	6'4" /
	153cm	156cm	163cm	168cm	173cm	178cm	183cm	188cm	193cm
VT women (6ml/kg IBW)	276	295	330	360	385	415	440	470	490
VT men (6ml/kg IBW)	305	320	360	385	415	440	470	490	520

## Other patients (i.e. modifications from **LUNG PROTECTIVE STRATEGY**)

- **HEAD INJURY:** too much PEEP can ↓BP and thus ↓ cerebral perfusion pressure. PEEP=5(default) is OK. 30° head up. Aim for low-normal CO<sub>2</sub>
- **METABOLIC ACIDOSIS:** RR ≥ patient achieved, ETCO<sub>2</sub> ≤ patient achieved. Lighten sedation to allow patient to add additional breaths as required -add pressure support (**Δsupp=10, Trigger=2**) to these breaths as patient tired.
- **HYPERTENSIVE APO:** start PEEP=10 and rapidly titrate up while rapidly titrating IV GTN for SBP≤140.
- **CARDIOGENIC SHOCK:** avoid high-level PEEP as can ↓BP .
- **PREGNANCY:** left lateral position. **TV: 8ml/kg** ideal body weight, **RR 18-20bpm** aim for low/normal pCO<sub>2</sub>&normal pH.

If patient is crashing....

- **Take the ventilator out of the equation-bag the patient to feel how they are to ventilate**
- Check the **tube**- displaced/ dislodged/ obstructed
- Check the **patient**- pneumothorax -bedside US/CXR and needle/finger thoracostomy
- Check the **ventilator**