| Parameter | Normal | ormal ARDS / ALI | | Asthma/COPD | | Metabolic | Head injury | Severe |
|--------------------------------|---|---|---|--|--------|---|--|--|
| | lungs | | | | | acidosis | | Obesity |
| Aim | Lung protective strategy Do no harm | Recruitment, shunt reduction, avoid atelactatic trauma, achieve adequate oxygenation | | Oxygenation, adequate exhalation avoiding breath stacking and volutrauma | | Ensure adequate respiratory rate to maintain and even improve compensation for metabolic acidosis | Avoid reduced venous return by avoiding high intrathoracic pressures | Avoid atelectasis and shunting due to obesity |
| Position | 20-30 degrees head up unless hypotensive and reduced cerebral perfusion a concern | | | | | | | |
| Mode | VC (SIMV) | VC (SIMV) | PC (APRV equiv) | VC (SIMV) | | VC (SIMV) | VC (SIMV) | VC (SIMV) |
| Vt (ml/kg) lean body weight | 8 lbw | 6 lbw | Monitor | 5-8 lbw | | 8-10 lbw | 6-8 lbw | 8-10 lbw |
| Resp rate | 14 | 14 | 14 | 8-10 | | 20-30 | 16 | 14 |
| I:E ratio | 1:2 | 2:1 | 2-4:1 | 1:4 - 1:5 | | 1:1 - 1:2 | 1:2 | 1:1 – 2:1 |
| Pinsp (cm H₂O) | - | - | 25-30 | - | | - | - | - |
| PEEP (cm H ₂ O) | 5 | 10-15 | 10-15 | Asthma 0 | COPD 5 | 5 | 5 | 10-15 |
| FiO2 | Start at 100% and rapidly titrate down, ideally achieving FiO ₂ 0.4. Avoid significant hyperoxia. Aim for oxygen saturations \geq 95%; pO ₂ >70. Aim Pplat <30. | | | | | | | |
| Other | Adjust parameters to ensure O2 and CO2 in normal limits | Watch pressures; may need to lower Vt and accept higher CO ₂ Titrate FiO ₂ & PEEP | Minimise derecruitment ie minimize suctioning & disconnection Consider recruitment manoeuvres | Watch for breath stacking and volu/barotrauma Consider permissive hypercapnoea. pH should > 7.15 May need to accept higher peak pressures in asthmatics. Aim Pplat <30 | | Begin with high respiratory rate Titrate RR and TV as guided by serial blood gases | Avoid high PEEP if possible Aim PCO2 35- 40 Tape rather than tie ETT to avoid impeding jugular vein flow | Minimise derecruitment ie minimize suctioning & disconnections |

SEEK ADVICE EARLY IF ANY CONCERNS

Dr James Rippey For review 2018

This document suggests initial ED ventilator settings in different scenarios and has been created in consultation with ICU; monitor and modify as appropriate