

VENTILATION

TIDAL VOLUME - 6mls/kg IDEAL BODY WEIGHT

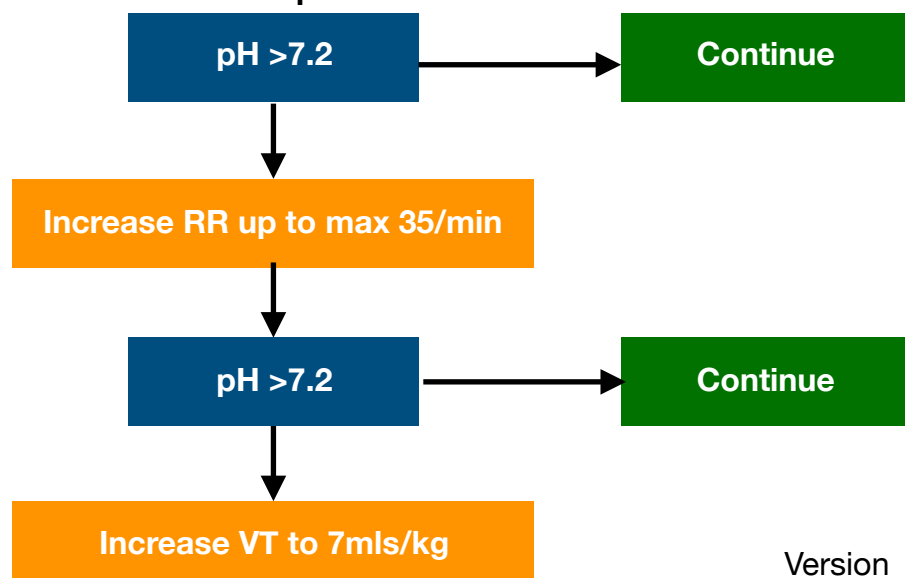
Women		
cm	Height	
	cm	Feet inches
		Tidal Volume (mls)
153	5'0"	280
155	5'1"	290
158	5'2"	310
161	5'3"	320
163	5'4"	330
166	5'5"	350
168	5'6"	360
171	5'7"	370
173	5'8"	390
176	5'9"	400
178	5'10"	420
181	5'11"	430
183	6'0"	440

Men		
cm	Height	
	cm	Feet inches
		Tidal Volume (mls)
166	5'5"	370
168	5'6"	390
171	5'7"	400
173	5'8"	420
176	5'9"	430
178	5'10"	440
181	5'11"	460
183	6'0"	470
186	6'1"	480
188	6'2"	500
191	6'3"	510
194	6'4"	530
196	6'5"	540

PEEP

FiO₂	0.3	0.4	0.4	0.5	0.5	0.6	0.7	0.7	0.8	0.9	0.9	0.8	1
PEEP	5	5	8	8	10	10	10	12	14	14	16	18	20-24

ADJUST RR & MINUTE VENTILATION TO pH



Worsening Hypoxia/Hypoxaemia
 SpO2 <88% PaO2 < 8kPa

Intensivist Review
(when possible)

Closed Suction

Recruitment Manoeuvre
 PEEP @ 40cmH₂O x 40 secs

Increase FiO₂ and PEEP

FiO₂	0.3	0.4	0.4	0.5	0.5	0.6	0.7	0.7	0.8	0.9	0.9	0.8	1
PEEP	5	5	8	8	10	10	10	12	14	14	16	18	20-24

Increase Inspiratory Time
 I:E 1:<2

Sedation
 RASS -4

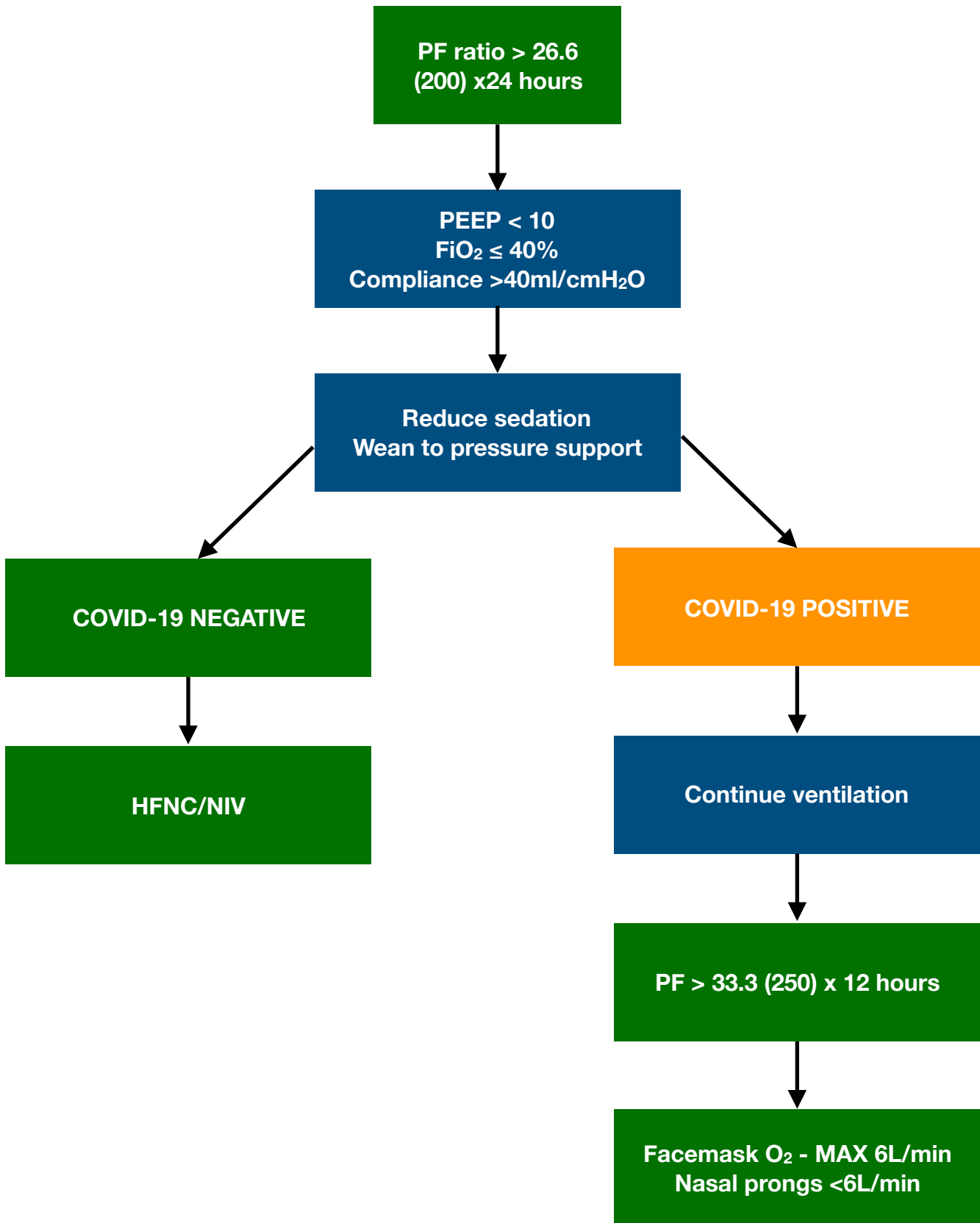
PF ratio <26.6 (200)

PF ratio < 20 (150)

RASS -4
 NMBA infusion* x 48hours

Consider prone position

ALL IMAGING REQUESTS MUST BE APPROVED BY CONSULTANT INTENSIVIST



Disconnection

In room

Rapid reconnection by nurse/intensivist

All non essential staff to stand as far from patient (if safe to do so)

On transfer

All non essential staff to stand as far from patient (if safe to do so)

Intensivist to reconnect as soon as possible

In CT

Intensivist to enter room

Reconnect as soon as possible

All staff to don full PPE - including FFP3 before re-entering room

Room to be deep cleaned

High Airway Pressures

1. Check ventilator to patient for kinks/obstructions/filter saturation
2. Closed suction of ETT
3. Check tube position on CXR
4. Check for bronchospasm and treat as needed
5. Check for pneumothorax

Dyssynchrony

1. Intensivist review when feasible
2. Leak or water in circuit?
3. Closed suction of ETT
4. Adequate sedation?
5. Consider neuromuscular blockade