**Adult Vent Settings – INITIAL**

Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ideal Body Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Men: (2.3 for each inch over 5 feet) + 50 = kg IBW*

*Women: (2.3 for each inch over 5 feet) + 45.5 = kg IBW*

Tidal Volume (Vt) \_\_\_\_\_\_\_\_\_(6 ml/Kg of Ideal Body Weight)

VE (minute volume) needs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*100mL x IBW for normal patient*

*120mL x IBW for acidic patient (sepsis, DKA, ASA OD, narcotic OD)*

FI02: \_\_\_\_\_\_Start at 100% and dial down to keep Sp02 greater than 94%.

**Troubleshooting**

Plateau Pressure (Pplat) over 30? 🡺 decrease tidal volume and/or RR

Peak Inspiratory Pressure (PIP) over 35? 🡺 kinks? /suction/ bronchodilate /sedate

Auto PEEP more than 0? 🡺 increase I:E, bronchodilate. Take off vent circuit and allow to “deflate” a bit.

Sp02 less than 94%? 🡺 Increase PEEP and/or Fi02

Sp02 more than 94% 🡺 Decrease Fi02 to maintain 94%

Hypotension? 🡺 Is the PEEP too high?. Does pt. need a fluid bolus? Vasopressors?

**Acidic patients need their ETC02 to be about 25 mmHg to compensate for the low ph. 🡺**

**The ETC02 will change anytime you change tidal volume or RR (“minute volume”)**

**ETC02 too low despite “stable” vent settings? Check their blood pressure.**

**Tidal Volume**: The volume of air we breathe with each breath 6 mL/kg ideal body weight.

**FI02**: The concentration of oxygen we breathe. Room Air = 21%

**VE =Minute Volume**. Volume of air we breathe in one minute. Average healthy adult will have 5,000 - 8,000 mL per minute.

**Peak Inspiratory Pressure “PIP**” is pressure in our airways at end of a breath. Less than 35

**pPlat is Plateau Pressure**: Similar to PIP but the pressure is when a person has taken the breath in and held it for a second before exhaling. Should be less than 30.

**Auto PEEP** is breath stacking. Should always be 0