**Respiratory Care Reference Pocket Guide**

**Oxygen Sources & Delivery Devices**

**Nasal Cannulae (HC)**
- Inadequate oxygenation (below 90% on optimal settings)
- Nasal physical obstruction
- History of nasal surgery
- Patients with significant facial trauma

**High Flow Nasal Cannulae (HFNC)**
- Nasal obstruction
- Oxygen saturation lower than 90%
- Short clinical visit
- Other reasons may include patients at risk for aspiration or extubation

**Continuous Positive Airway Pressure (CPAP)**
- Risk of developing upper airway obstruction by decreasing work of breathing and adding PEEP
- Definitive upper airway obstruction
- History of nasal surgery
- Patients with significant facial trauma

**Choosing a Ventilator Mode**

- **Assist Control (AC)**: Suitable for patients who have difficulty weaning from mechanical ventilation. For patients with COPD, may result in air-trapping.
- **Pressure Control (PC)**: More suitable for patients with acute respiratory distress syndrome (ARDS) or acute lung injury (ALI).

**Pressure Flow Data Sheet**

**Other Names & Functions**

- **CMV**: Controlled Mechanical Ventilation
- **SIMV**: Synchronized Intermittent Mechanical Ventilation
- **PS**: Pressure Support

**Volume Control**

- **VC**: Volume Control
- **PRVC**: Pressure Regulated Volume Control
- **AutoFlow**: AutoFlow

**Flow Control**

- **PC**: Pressure Control
- **PC**: Pressure Control
- **CPP**: Continuous Positive Pressure

**Dual (Control) Mode**

- **PS**: Pressure Support
- **PS**: Pressure Support
- **CPP**: Continuous Positive Pressure

**Oxygen Sources & Delivery Devices**
Lung-Protective Ventilation (LPV)

When to Use LPV

- ARDS
- Severe respiratory failure
- Hyperinflation with PIP >40 cm H2O
- Decrease in P:F when trying to increase FiO2
- Increasing PIP with each breath
- Tidal Volume (VT) > 8 mL/kg predicted body weight
- Increase in PIP, Pplat or P.EEL with a decreased tidal volume
- No improvement in P:F with increased PEEP
- Significant oxygenation defects

Adjuvant Therapies for ARDS Hypoxemia

- Fluid Management
- Paralyzation
- Inhaled therapies
- High FiO2
- Nutrition

General Considerations

- Always identify to whom to talk!
- The patient is hemodynamically stable if you consider pressure & gas exchange for a patient to be normal.
- In the ventilator circuit connected & can’t breathe.
- Ventilation: capnography, STET, collateral tubes, and (PEEP + FiO2 ≤ 14).