Follow Initial Protocol for All Patients

- Improve Oxygenation
- Improve Ventilation

Signs/Symptoms:
- Low Sp02
- Low/High EtC02
- High Peak Inspiratory Pressures

Documentation Key Points:
- Pressure Readings
- Actions Taken
- Final Ventilator Settings
- Respiratory Therapist Name

**Special Considerations:**
- Advanced transport ventilators provide improved patient ventilation over bag valve ventilation.
- If there is a ventilator failure during transport, take patient off ventilator and utilize G6. bag valve with addition of a PEEP valve.
- If a ventilator failure occurs, consider diverting to nearest hospital.

**Goals:**

**Interfacility**

- BLS
- ALS

**E6. Ventilator Monitoring**

**Peak Inspiratory Pressures**
- Low<10 or High >35
- Low
- High
- If able, evaluate Plateau Pressures
- If unable to assess Pplat, move on to next box
- High >30

**Sp02**
- 100%
- < 93%
- Wean Fi02
- Do not go below 30% Fi02
- Consider titrating simultaneously similar to Fi02/PEEP Table

**EtC02**
- High
- Known Metabolic Alkalosis?
- Consider: Excessive vomiting or diarrhea, Dehydration
- No
- Low
- Perfusion/Diffusion Abnormalities?
- Yes
- No

**Check:**
- Circuit
- Cuff Leak
- Exultation
- Inadequate Volume - Increase Tidal Volume

**Consider the following:**
- Sedation Level -
- A1. Advanced Airway Analgesic/Sedation
- Bronchoconstriction -
- E5. Respiratory Distress
- Mucous Plug - Suction
- AutoPEEP - Detach from airway device and allow pt to exhale
- Abdominal Pressures -

**G26. Gastric Tube Placement**
- Pneumothorax -

**G38. Needle Decompression**
- CHF

**E5. Respiratory Distress**

Is pressure still high after evaluating/treating above?

Fi02 is given in a fraction but is equal to a percentage 0.3 = 30%

**G6. Basic Airway Maneuvers**

FiO2 is given in a fraction but is equal to a percentage 0.3 = 30%

**Protocol:** E6. Ventilator Monitoring
**Original Adoption Date:** 6/2020
**Date of Most Recent Update:** 6/2020
**Past Protocol Updates:**
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