Clinical Skills



Mechanical Ventilation: Airway Pressure Release Ventilation (Respiratory Therapy)

Checklist

	S = Satisfactory		ry	U = Unsatisfactory	NP = Not Performed
Step	S	U	NP	Comments	
Performed hand hygiene before patient contact. Donned appropriate PPE based on the patient's need for isolation precautions or risk of exposure to bodily fluids.	0	0			
Introduced self to the patient.					
Verified the correct patient using two identifiers.					
Observed the patient for signs of ARDS.					
Before initiating mechanical ventilator, checked the system microprocessor or ventilation system. Performed a short self-test as appropriate.		0			
Verified the authorized practitioner's order for the initiation of mechanical ventilation.	0		0		
Used a TCAV protocol to guide ventilator settings and strategy when using APRV.	0		0		

Step		S	U	NP	Comments
gloves. D on the pa	d hand hygiene and donned onned additional PPE based tient's need for isolation ns or the risk of exposure to ids.	0	0	0	
	I the procedure to the patient red that he or she agreed to t.				
convention 1. Set P plate contrairwa contra expir was set	ned the patient to APRV from onal ventilator settings. high by using the measured au pressure of the volume-rolled mode or the set peak y pressure of the pressure-rolled mode to obtain an ed minute ventilation that reveral liters per minute less when on a conventional e of ventilation.				
2. Set P	low at 0 cm H ₂ O.				
and a	high from 3 to 6 seconds adjusted according to the nt's needs.				
as de	low from 0.5 to 0.8 seconds termined by analysis of the atory gas flow curve.				

Ste	ер	S	U	NP	Comments
	insitioned the patient who was wly intubated to APRV. Set P high to a maximum of 30 cm H ₂ O.		0		
2.	Set P low at 0 cm H ₂ O.				
3.	Set T high from 3 to 6 seconds and adjusted according to the patient's needs.				
4.	Set T low from 0.5 to 0.8 seconds.				
5.	Set FiO_2 for the desired PaO_2 or SaO_2 level.				
	Insitioned the patient to APRV from FOV. Set P high with MAP on HFOV $plus$ 2 to 4 cm H_2O .				
2.	Set P low at 0 cm H ₂ O.				
3.	Set T high from 3 to 6 seconds and adjusted according to the patient's needs.				
4.	Set T low from 0.5 to 0.8 seconds (acute restrictive lung disease) or from 0.8 to 1.5 seconds (acute obstructive lung disease).				
pat Sp	justed settings based on the tient's release and spontaneous VT, O ₂ , ETCO ₂ , ABG values, expiratory s flow pattern, and clinical status.	0	0		
we "dr	aluated the patient's readiness for aning and proceeded with the op" and "stretch" method for aning.	0	0		

Step	3	U	NP	Comments
Ensured that all ventilator alarms were on and set appropriately.	0		0	
Monitored the patient's ventilator waveforms, SpO ₂ , ETCO ₂ , exhaled minute volume, release and spontaneous VT and hemodynamic status.	0	0		
Observed the patient for signs or symptoms of pain. If pain was suspected, reported it to the authorized practitioner.	0	0	0	
Removed PPE and performed hand hygiene.	0		0	
Documented the procedure in the patient's record.	0		0	
Learner:		Sig	nature:	
Evaluator:		Sig	nature:	
Date:				