


A/C Vent Parameters	COPD/ASTHMA		ALI/ARDS/CHF/ PNA		Metabolic Demand/Septic Shock		Stroke / Mental Status/Upper Airway Obstruction Neuromuscular Dis./ Spinal Cord/ TBI	
Indication for MV	Obstructive/ Ventilatory Failure		Hypoxic Failure		WOB / Severe Acidosis		Airway Protection/Patency Ventilatory Failure w/ normal lungs	
	Initial	Adjusted	Initial	Adjusted	Initial	Adjusted	Initial	Adjusted
V_T ml/kg Low to prevent ALI	8	6	6ml/kg	See Plateau Pressure	8	8	8	8
RR Adjust Ventilation	8	5	16	Maintain nl pH	18	20-25	12	16 (TBI)
I:E I time fixed, inc E _t	1:4,5	1:4,5	1:2	1:2	1:2	1:2	1:2	1:2
FiO₂ (%) Oxygenate while avoiding O ₂ toxicity	100	40	100	Target O ₂ sat ± 92% using FiO ₂ /PEEP ratio	100	40	100	40
PEEP Stent alveoli and increase surface area for O ₂ transport	5	5	5	18-24 as supported by MAP	5	5 or less based on MAP	5	5
IFR Comfort / inc E time	80	100	60	60	60	60	60	60
Peak Pressure Large airway	>30	<30	<30	<30	<30	<30	<30	<30
Plateau Pressure (inspiratory pause) Small airway	<30	<30	>30	Decrease tidal volume 10ml/kg Target <30	<30	Maintain <30	<30	<30
Comment 	Allow permissive hypercapnea but avoid auto-peep. Follow ABG for Respiratory Acidosis.		Balance FiO ₂ /PEEP /MAP Avoid lung injury Use PEEP to improve Oxygenation using minimum FiO ₂		Increase RR and V _t to increase Minute Ventilation		Adjust with ABG / For TBI maintain pCO ₂ 40	