Artificial ventilation management

Assessment of competences for ANP / ACP / SCP

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note: Practitioners can add DOPS, PBAs and CEXs as evidence.**

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|  | | **NOT competent** | **Competent** | **Signature and date** |
| Artificial ventilation management | | | | |
| 1 | Ventilation   * Describe the indications for invasive and non-invasive ventilator support * Understand how to optimise patient’s respiratory function |  |  |  |
| 2 | Modes   * SIMV – synchronised intermittent mandatory ventilation * Set number of breaths at set tidal volume * Allows patient to initiate breath * Reduces barotrauma as synchronised * PCV – pressure controlled ventilation * Pre-set inspiratory pressure, RR and I:E ratio * Breath is delivered until pressure is reached * Appropriate in ARDS, pneumonia, rest settings * BIPAP – biphasic positive airway pressure * Variation of pressure controlled ventilation * Permits spontaneous breathing not only during expiration but also during mandatory breaths * Patient’s spontaneous breathing provides additional ventilation so that the extent of mechanical ventilation can be reduced and ventilation pressures lowered * ASB – assisted synchronised breathing * Allows the patient to trigger all breaths. When the patient inspires, the ventilator provides some pressure support to compensate for the increased work of breathing. * Least aggressive of the ventilator modes * CPAP – non-invasive ventilator support to prevent intubation or as weaning method |  |  |  |
| 3 | Optimising ventilation   * PEEP * Prevents alveolar collapse * Improves oxygenation * Aim for 5cm H2O before extubation * Pressure support * 10cm H2O * Pressure during inspiration to help draw in a spontaneous breath * Reduces the work of breathing * I:E ratio * Normal is 1:2 * Alter according to pathology/presentation |  |  |  |
| 4 | Safety aspects   * Check position of ETT * Check ventilator * Plugged in to power, oxygen and air * Safety test including calibration * Ventilation care bundle * VAP * Mouth care * 30–45 degree angle * PPI and VTE |  |  |  |
| **Assessor’s comments**: | | | | |
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| **This practitioner has completed these outcomes to the appropriate standard.**  **Assessor’s name:**  **Signature and date:** | | **Practitioner’s signature:**  **Date:** | | |