How does this mode work?
• Delivers a set volume of air with each breath; patient triggered breaths are identical to machine triggered breaths
• Time and patient triggered, volume cycled, volume limited mode

What are the variables I set?
• RR – respiratory rate
• TV – tidal volume (better to express in terms of cc/kg PBW than ccs)
• PEEP – positive end expiratory pressure (typically at least +5)
• FiO2 – fraction of inhaled oxygen (typically at least 30%)
• V – (“v dot”) inspiratory flow rate (typically 30-60 lpm)
• Flow pattern – is the flow constant (e.g. square wave) or decelerating (‘decel’)
  Decel may be more comfortable but it prolongs the inspiratory phase

When should I use this mode?
• Ensures that a patient receives a minimum MV
• This is a good general-purpose mode; good for providing Lung Protective Ventilation (LPV)
• PRVC may have lower peak pressures; pressure modes may be more comfortable for select patients

What do I need to monitor?
• Need to make sure the peak pressure and plateau pressure do not exceed safe limits.
  → If Pplat is too high decrease the Tv
• You will also need to monitor MV. If the patient is triggering excessively (or auto-triggering), they can become alkalemic.

Choosing Initial settings
• RR - Try to match the persons initial minute ventilation by selecting a rate to match their pre-intubation MV needs.
• TV - Use 8cc/kg PBW and adjust as needed. For patients with ARDS (or at high risk) consider starting at 6cc/kg PBW.
• Start with low PEEP and high FiO2 and wean to maintain SpO2 goal (typically > 90%).

ABG: pH / PCO₂ / PaO₂ / HCO₃

Advanced settings

<table>
<thead>
<tr>
<th>SETTINGS</th>
<th>RR</th>
<th>Tv</th>
<th>PEEP</th>
<th>FiO2</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMPLE</td>
<td>12 bpm</td>
<td>6 cc/kg</td>
<td>+5</td>
<td>50%</td>
</tr>
</tbody>
</table>

If you want to increase the pH → increase the minute ventilation (MV) by changing the RR and TV
If you want to increase the PaO₂ or SpO₂ → increase the FiO₂ and PEEP

Flow trigger is may be more sensitive that pressure; adjust to limit autotriggering