## Table. Common Respiratory Conditions for Which Mechanical Ventilation Is Often Used, with Suggestions for Ventilatory Modes and Settings

| CONDITION:   | INITIAL VENTILATORY MODE   | INITIAL SETTINGS   |
|--|--|--|
| Respiratory failure (WITHOUT underlying lung disease)              | AC (PRVC) or SIMV  | RR: 10-12 breaths/min Initial FiO <sub>2</sub> : 95-100% TV: $\sim$ 8-10 mL/kg ideal body wt. +/- starting PS of 10 cm H <sub>2</sub> O (may titrate up to 30 cm H <sub>2</sub> O) I:E ratio: conventionally 1:2 to 1:4 PEEP: 0-5 cm H <sub>2</sub> O  |
| Respiratory failure due to severe COPD or asthma                   | Consider trial of BiPAP if no contraindications exist                | IPAP: 8-20 cm $\rm H_2O$ (try starting with 10-12 cm $\rm H_2O$ ) EPAP: 0-15 cm $\rm H_2O$ (try starting with 5 cm $\rm H_2O$ ) There must be a pressure gradient of at least 5 cm $\rm H_2O$ between IPAP and EPAP.   |
|  | AC (PRVC) or SIMV if BiPAP not indicated, or following BiPAP failure | "Lung-protective strategy" for IPPV: RR: 6-8 breaths/min Initial FiO <sub>2</sub> : 95-100% TV: 4-6 mL/kg ideal body wt. I:E ratio: expiratory time is increased (by increasing inspiratory flow rate) in order to permit adequate exhalation PEEP: 0-5 cm H <sub>2</sub> O Plateau airway pressure limit = 30 cm H <sub>2</sub> O Permissive hypercapnea strategy: Monitor pH, correct pH < 7.2 by increasing RR if possible, or with IV NaHCO <sub>3</sub>   |
| Respiratory failure due<br>to ARDS or fluid overload<br>(e.g. CHF) | Consider trial of BiPAP if no contraindications exist                | IPAP: 8-20 cm $\rm H_2O$ (try starting with 10-12 cm $\rm H_2O$ ) EPAP: 0-15 cm $\rm H_2O$ (try starting with 5 cm $\rm H_2O$ ) There must be a pressure gradient of at least 5 cm $\rm H_2O$ between IPAP and EPAP.   |
|  | AC (PRVC) or SIMV if BiPAP not indicated, or following BiPAP failure | "Lung-protective strategy" for IPPV: RR: 16-18 breaths/min Initial FiO <sub>2</sub> : 95-100% TV: 4-6 mL/kg ideal body wt. I:E ratio: 1:2 - 1:1; expiratory time is decreased (as tolerated by peak airway pressures) in order to improve oxygenation PEEP: start 0-10 cm H <sub>2</sub> O, titrate up to improve oxygenation Plateau airway pressure limit = 30 cm H <sub>2</sub> O Permissive hypercapnea strategy: Monitor pH, correct pH < 7.2 by increasing RR if possible, or with IV NaHCO <sub>3</sub> |