For alarms associated with hypoxemia or hemodynamic instability

Press the O$_2$ boost button on the ventilator and call for help

Respiratory Therapy
HUP 215-279-0082
PPMC 267-584-2516
Penn E-Lert 215-893-7310

If there is a suspected issue with the mechanical ventilator and/or ventilation is ineffective and HELP is unavailable, place ventilator on STANDBY or turn off, remove the patient from the ventilator and support the patient with the resuscitation bag + bacterial filter.

High peak pressure alarm:
(1) Examine patient and ventilator waveforms. If evidence of dyssynchrony (e.g. grimacing, biting the ETT, double triggering), increase sedation.
(2) Listen for breath sounds. Rule out pneumothorax, bronchospasm, ETT migration and apply appropriate treatment.
(3) Rule out obstruction from secretions. Use in line suctioning.
(4) Perform an inspiratory pause. Alarm may be due to decrease in compliance.
(5) Examine the circuit. Rule out kinked ventilator tubing, condensation, clogged filter. Avoid disconnecting the circuit if possible.

Low T$_V$/Low MV alarm:
(1) Examine patient and ventilator waveforms and settings.
(2) Rule out circuit disconnect and assess tubing and reconnect.
(3) Rule out airway obstruction and perform in line suctioning.
(4) Evaluate airway device (ETT, tracheostomy) for leak or proximal migration.