

For alarms associated with hypoxemia or hemodynamic instability



Press the O₂ boost button on the ventilator and call for help



Respiratory Therapy

HUP 215-279-0082

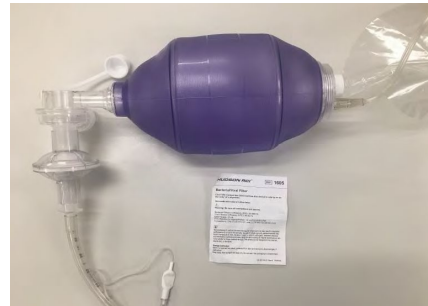
PPMC 267-584-2516

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