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 P_plat 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%).

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