AdventHealth

## INITIAL VENTILATOR PLAN FOR OXYGENATION

1. **After Intubation initiate ARDSNet low PEEP/High FiO2 Table**
   - If you are unable to oxygenate with Pplat less than 30 or if the driving pressure is over 15, then switch to the high PEEP / Low FiO2 (HP/LF) table.
2. **Adjust Vent Settings to maintain a SPO2 of >92**
   - If the required FiO2 goes over 60, then utilize paralytic therapy and assess for proning.
     - If below the 60% FiO2 and 10 of PEEP threshold continue with vent titration as needed.
     - For patients on the high PEEP / Low FiO2 (HP/LF) table, the threshold for proning assessment is 40% FiO2 and 14 of PEEP.

## PRONING ASSESSMENT

1. **If FiO2 needs are >60% (or >40% for those on HP/LF table) and P:F ratio is under 150 proceed with proning.**
   - The initial plan is 16 hours prone and 8 hours supine.
2. **At the end of the first prone cycle obtain ABG immediately before supining, and 4 hours post supining.**
   - If there is a ≥50% drop in the P:F ratio between the pre-flip and the 4hr post ABG, then their supine interval gets shortened to 4 hrs and they flip immediately.
   - If the P:F ratio is stable at 4 hours, obtain another ABG at 8 hours and then re-proned for another cycle.
   - If the duration of supine time had to be shortened to 4 hours, calculate the change between the pre-supine ABG and 4hr ABG over the two subsequent supine cycles. If it does not reflect a ≥50% drop in the P:F ratio, keep supine and get an ABG at 8 hours, returning to a proning cycle of 16/8.
3. **After the 2nd consecutive cycle with 8 hours supine, reassess need for ongoing proning.**
   - If they can maintain a PF >150 while supine with an FiO2 ≤60% and PEEP ≤10 (or if on the HP/LF table, FiO2 ≤40% and PEEP ≤14) then they remain supine. Continue to check ABGs Q6 hours for the next 48 hours. Reprone if the P:F ratio drops below 150.
   - If they remain supine for >24 hours then the paralytic can be weaned off.
   - After an additional 12 hours of stability then continue to wean based on the ARDSNet table.

NIH NHLBI ARDS Clinical Network Mechanical Ventilation Protocol Summary