# Mechanical Ventilation Case Questions And Answers

#### Case 1

A 55 year-old man with a history of COPD presents to the emergency room with a two day history of worsening shortness of breath which came on following a recent viral infection. In the emergency room, his oxygen saturation is 88% on room air. He is working hard to breathe and is only speaking in short sentences. On exam, he has diffuse wheezes and a prolonged expiratory phase. His chest x-ray reveals changes consistent with COPD but no new focal infiltrates. An arterial blood gas (ABG) is done and shows pH 7.17, PCO<sub>2</sub> 55, PO<sub>2</sub> 62, HCO<sub>2</sub> 25.

What are the indications for starting a patient on mechanical ventilation? There are several primary indications for initiating mechanical ventilation including: hypercarbic respiratory failure, hypoxemic respiratory failure, to prevent or reverse atelectasis, to prevent or reverse ventilatory muscle fatigue, to permit sedation and/or neuromuscular blockade (eg. surgery), to stabilize the chest wall (eg. massive flail chest) or to ensure airway protection (eg. a patient with altered mental status and a large upper gastrointestinal bleed).

One should be aware that with hypercarbic and hypoxemic respiratory failure, there are no specific thresholds that are used to determine when to initiate mechanical ventilation. For example, you do not automatically intubate a patient when their PCO<sub>2</sub> rises above 60 mm Hg or their room air PO<sub>2</sub> falls below 55 mm Hg. Instead, you must take into account the overall clinical situation and assess whether the degree of hypercarbia or hypoxemia is putting the patient's life at risk. If they can be supported by other means, such as oxygen by face mask, you might hold off on initiating mechanical ventilation, whereas if their PO<sub>2</sub> continues to fall despite high levels of supplemental oxygen, mechanical ventilation would be necessary. Similarly, if a patient is hemodynamically stable, you might try oxygen by facemask for hypoxemic respiratory failure but if the patient is showing signs of sepsis with hemodynamic instability and multiorgan dysfunction, you would move more quickly to intubate the patient and stabilize their respiratory status in order that you can focus on other important issues.

What do you think about the possibility of using non-invasive positive pressure ventilation (bi-level positive airway pressure) in this patient? There are two forms of mechanical ventilation – <u>invasive</u> mechanical ventilation, in which an endotracheal tube is inserted in the patient's airway, and <u>non-invasive</u> ventilation, in which the patient receives respiratory support through a tight fitting mask applied to their face. There are some situations in which invasive modes of mechanical ventilation are necessary and other situations in which patients can be supported by non-invasive means.

# **Mechanical Ventilation Case Questions And Answers**

**BM King** 

#### **Mechanical Ventilation Case Questions And Answers:**

Workbook for Pilbeam's Mechanical Ventilation - E-Book J. M. Cairo, Sandra T Hinski, 2023-05-09 Reinforce your understanding of Pilbeam's Mechanical Ventilation 8th Edition with this practical workbook With chapters corresponding to the textbook by J M Cairo this study tool provides activities and exercises to help you prepare for success on the NBRC examination It offers a complete review of mechanical ventilation principles and real world scenarios help you develop critical thinking skills and apply concepts to the clinical setting Easy to use this review helps you focus on the textbook s most important information Variety of learning activities helps you review content at the recall application and analysis levels and includes crossword puzzles with key terms critical thinking activities NBRC style multiple choice questions case study exercises waveform analyses and ventilation data analyses as well as fill in the blank labeling and short answer questions Correlation with Pilbeam's Mechanical Ventilation 8th Edition features exercises directly tied to the learning objectives in each chapter of the textbook Critical Thinking questions ask you to apply the content learned featuring real life scenarios and reinforcing the very difficult concept of mechanical ventilation with safe simulated clinical practice Workbook answers are provided on the textbook's Evolve website NEW Updated content reflects the latest equipment and techniques presented in the 8th edition of the Pilbeam's Mechanical Ventilation textbook Workbook for Pilbeam's Mechanical Ventilation J. M. Cairo, PhD, RRT, FAARC, Sandra T Hinski, 2015-10-16 Corresponding to the chapters in Pilbeam's Mechanical Ventilation 6th Edition this workbook helps readers focus their study on the most important information and prepare for the NBRC certification exam A wide range of exercises includes crossword puzzles critical thinking questions NBRC style multiple choice questions case studies waveform analysis ventilation data analysis and fill in the blank and short answer activities Close correlation with the Pilbeam's main text supports learning from the textbook Wide variety of learning exercises including crossword puzzles NBRC style questions case study exercises waveform analysis ventilation date analyses and numerous question formats helps readers assess their knowledge and practice areas of weakness Critical Thinking questions ask readers to solve problems relating to real life scenarios that may be encountered in practice NEW Graphic exercises appendix from the text is now located in the workbook for convenient access Critical Care Study Guide Gerard J. Criner, Rodger E. Barnette, Gilbert E. D'Alonzo, 2010-06-27 Critical care medicine is a dynamic and exciting arena where complex pathophysiologic states require extensive knowledge and up to date clinical information An extensive kno edge of basic pathophysiology as well as awareness of the appropriate diagnostic tests and treatments that are used to optimize care in the critically ill is essential Since our frst edition 7 years ago new information crucial to the care and understanding of the critically ill patient has rapidly accumulated Because this knowledge base crosses many different disciplines a comprehensive multidisciplinary approach presenting the information is essential similar to the multidisciplinary approach that is used to care for the critically ill patient We have strived to provide this content in an easily digestible format that uses a variety of

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