601 VENTILATOR MANAGEMENT

NOTE: PARAMEDICS MAY PROVIDE, OR ASSIST IN PROVIDING, MECHANICAL VENTILATORY SUPPORT DURING INTERFACILITY TRANSPORT ONLY IF THEY HAVE COMPLETED SPECIAL ADDITIONAL TRAINING IN THE USE OF TRANSPORT VENTILATORS, INCLUDING APPROPRIATE CONTINUING EDUCATION, AND ARE PROPERLY CREDENTIALED BY THE AMBULANCE SERVICE MEDICAL DIRECTOR TO OPERATE SUCH EQUIPMENT.

BEFORE TRANSPORT:

Together with physician, nursing, or respiratory therapy staff (as appropriate), ensure that the endotracheal tube is patent, intact, properly positioned, and securely taped.

If the transport is not accompanied by a physician or nurse, obtain written order for ventilator settings to be used enroute.

NOTE: IF YOU ARE NOT FAMILIAR WITH THE TYPE OF TRANSPORT VENTILATOR BEING USED, OR DO NOT FEEL COMFORTABLE WITH THE VENTILATOR SETTINGS PRESCRIBED BY THE SENDING PHYSICIAN, DO NOT ATTEMPT TRANSPORT. CONTACT MEDICAL CONTROL (OR DULY AUTHORIZED AGENT) FOR FURTHER INSTRUCTIONS.

For Special Considerations, see below.

Place patient on pulse oximeter if not already done.

Ensure that the transport ventilator is properly functioning, that its settings are correct, and that it is ready to be attached to the endotracheal tube.

Assist physician, nursing, or respiratory therapy staff (as appropriate) detach endotracheal tube from hospital ventilator and hyperventilate patient with 100% oxygen via bag-valve device in preparation for transport, then attach endotracheal tube to transport ventilator.

Verify that breath sounds and chest rise remain present bilaterally and that vital signs remain unchanged.

DURING TRANSPORT:

Continuously monitor airway, breath sounds, chest rise, vital signs, oxygen saturation, and ventilator function.

In the event of mechanical failure which cannot readily be corrected, detach endotracheal tube from ventilator, and perform manual ventilation with bag-valve device.

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In the event of a clinical emergency, and a physician, nurse practitioner, or physician surrogate IS present, assist with ventilator management on request, and contact medical control (or duly authorized agent) as soon as possible (without compromising patient safety).

In the event of a clinical emergency, and a physician, nurse practitioner, or physician surrogate is NOT present, detach endotracheal tube from ventilator, perform manual ventilation with bag-valve device, and contact medical control (or duly authorized agent) as soon as possible (without compromising patient safety).

NOTE: DO NOT ADJUST PRESCRIBED VENTILATOR SETTINGS. IF THE PATIENT BECOMES UNSTABLE OR NEEDS RESUSCITATION, DETACH ENDOTRACHEAL TUBE FROM VENTILATOR, PERFORM MANUAL VENTILATION WITH BAG-VALVE DEVICE, AND CONTACT MEDICAL CONTROL (OR DULY AUTHORIZED AGENT) AS SOON AS POSSIBLE (WITHOUT COMPROMISING PATIENT SAFETY).

AFTER TRANSPORT:

Together with physician, nurse, or respiratory therapy staff (as appropriate), ensure that hospital ventilator is properly functioning, that its settings are correct, and that it is ready to be attached to the endotracheal tube.

Detach endotracheal tube from transport ventilator and hyperventilate patient with 100% oxygen via bag-valve device, then assist physician, nursing, or respiratory therapy staff (as appropriate) attach endotracheal tube to hospital ventilator.

Record type and model of transport ventilator used, ventilator settings employed, and the oxygen saturation measurements obtained during transport, as well as any changes in patient condition, modifications in ventilator settings, and unusual incidents occurring enroute, on Interfacility Transfer Report.

Special Considerations

PEDIATRIC PATIENTS

Do NOT, use a volume-cycled transport ventilator for an infant or small child who requires a pressure-cycled ventilator. If a pressure-cycled transport ventilator is indicated but unavailable, perform manual ventilation via a bag-valve device during transport.

NOTE: UNCUFFED ENDOTRACHEAL TUBES ARE USED IN VENTILATING INFANTS AND SMALL CHILDREN, INCREASING THE RISK OF DISLODGMENT DURING TRANSPORT.

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(continued)

TRACHEOSTOMY TUBES

In patients being ventilated via tracheostomy tubes rather than endotracheal tubes, exercise special care in detachment and attachment of ventilator circuits to avoid dislodgment of cannulas.

NOTE: THICK SECRETIONS ARE TYPICALLY PRESENT IN PATIENTS BEING VENTILATED VIA TRACHEOSTOMY TUBES, WHICH MAY REQUIRE THAT SALINE SOLUTION BE USED WHEN SUCTIONING.

HOME VENTILATORS

If the patient is stable, without evidence of respiratory distress or respiratory failure, review written home ventilator orders (if available) and duplicate indicated home ventilator settings (as appropriate), with assistance of family member who is responsible for ventilator.

NOTE: IF YOU ARE IN DOUBT ABOUT THE VENTILATOR SETTINGS BEING USED, PERFORM MANUAL VENTILATION WITH BAG-VALVE DEVICE, OR CONTACT MEDICAL CONTROL (OR DULY AUTHORIZED AGENT).