

AUTOMATED VENTILATION

on an Apneic and Unconscious Casualty



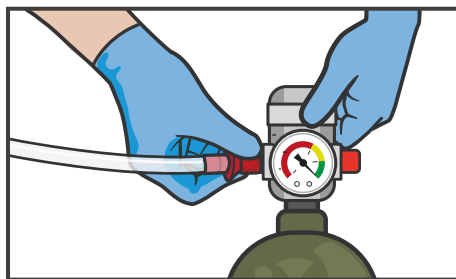
CONSIDER body substance isolation.

NOTE: If a Combat Lifesaver is available, direct them to assist.



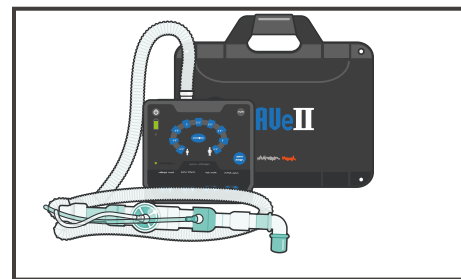
01 VENTILATE casualties airway (ETT, cricothyroidotomy or extraglottic airway) with a bag-valve-mask device. If capnometry device is available, place between mask and BVM.

CAUTION: Do not deprive the casualty of oxygen for longer than 20 seconds at any time during the procedure. Suction, as needed, not to exceed 10 seconds. Perform a rapid field test of visual acuity (see Eye Trauma Visual Acuity Test Instruction).



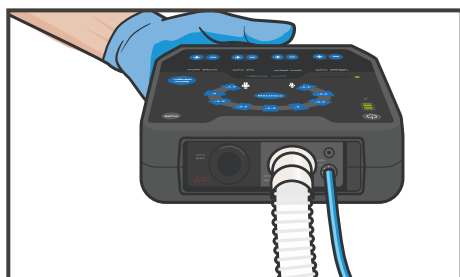
02 ATTACH oxygen reservoir to bag-valve-mask device and connect to high-flow regulator (12-15lpm), if available.

NOTE: Attempt to maintain oxygen saturation above 94% (This can be monitored through a pulse oximeter)



03 PREPARE SAVE II for use:

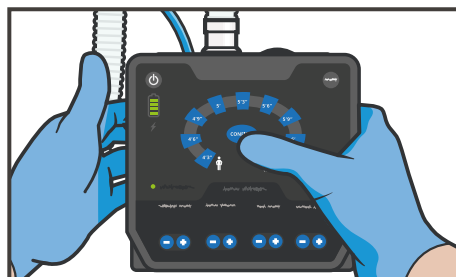
- Remove SAVE II from container
- Verify required items are in kit
- Inspect ventilator circuit (ensure tubing is connected and circuit is intact)
- Verify debris filter is in place.
- Verify ventilator is adequately charged



04 SET-UP SAVE II for use:

- Confirm airway is in place and secure.
- If available, connect heat and moisture exchange filter onto ventilator circuit
- Connect circuit to ventilator

NOTE: Instruct student to select 5ft, 8in (RR- XX, Vt- XXXmL) Document all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty



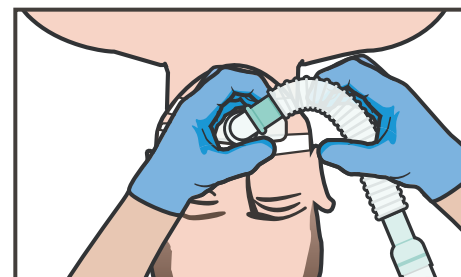
(d) Turn on ventilator, select casualty height and press "Confirm"

(e) Verify "Disconnect Alarm"

NOTE: Leave circuit disconnected from airway; "Disconnect" visual alarm begins blinking within two (2) breaths, audible alarm should be clearly heard and pump continues to operate normal.

(f) Verify "PIP Reached" alarm

NOTE: Completely block distal circuit with hand; "PIP Reached" visual alarm should begin within one (1) breath. Pump turns off for several seconds, turns on again until PIP limit is reached.

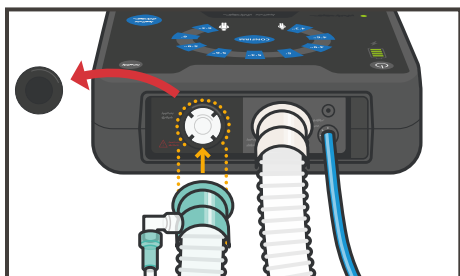


(g) Connect distal end of circuit to casualty's airway.

(h) Set "PEEP" to desired value and press "Confirm".

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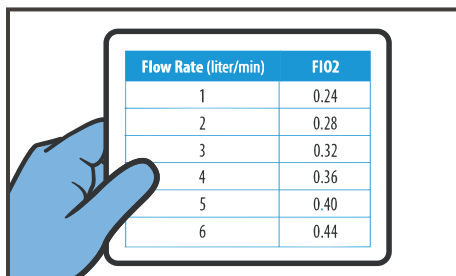
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05 ATTACH Noise Attenuator

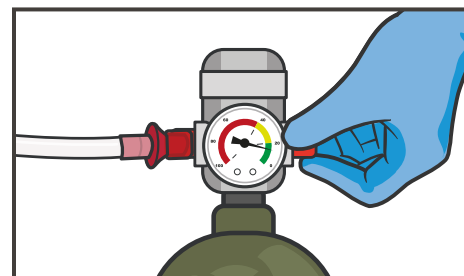
- (a) Remove and store the air intake black cap and leave the debris filter in place.
- (b) Connect the Noise Attenuator to the "Air/O2 Intake" port and bend so the nipple is facing the SAVe II.

NOTE: Ensure nipple is not occluded or the tidal volume will be significantly reduced.

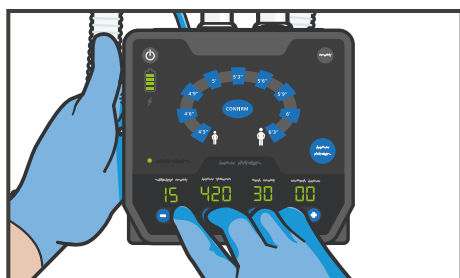


06 INCREASE FiO2 with supplemental oxygen.

- (a) Remove and store the air intake black cap and leave the debris filter in place, if not done already.
- (b) Connect the expandable O2 reservoir tube to the "Air/O2 Intake" port.
- (c) Utilize the "O2 Flow Rate" chart to calculate the LPM of oxygen to deliver the desired FiO2.

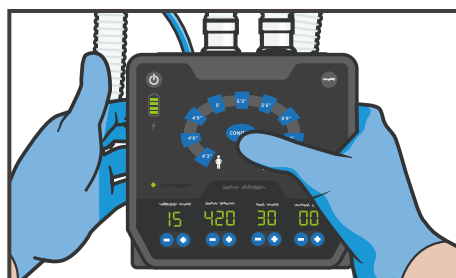


- (d) Connect the O2 tubing from the O2 Reservoir Tubing to a low-pressure O2 source (tank, wall or concentrator) and turn the flowmeter to the desired LPM.



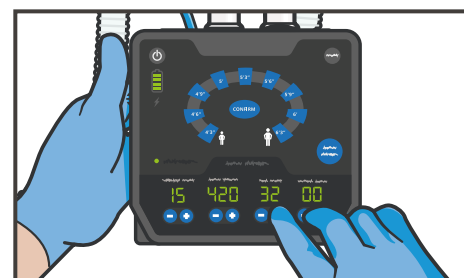
07 REFINE ventilator parameters.

NOTE: Instruct student to increase the respiratory rate by two (2) breaths per minute.



- (a) Increase respiratory rate. Press the "up" arrow on the "Respiratory Rate" by two (2) breaths and press "Confirm"

NOTE: Instruct student to increase Tidal Volume to attain a desired minute volume of XXXX using the "Minute Ventilation Chart". Student should increase Vt to XXXmL



- (b) Increase tidal volume. Using "Minute Ventilation Chart" with current respiratory rate (XX), increase tidal volume using the "up" arrow till the number reaches XXX and press "Confirm".