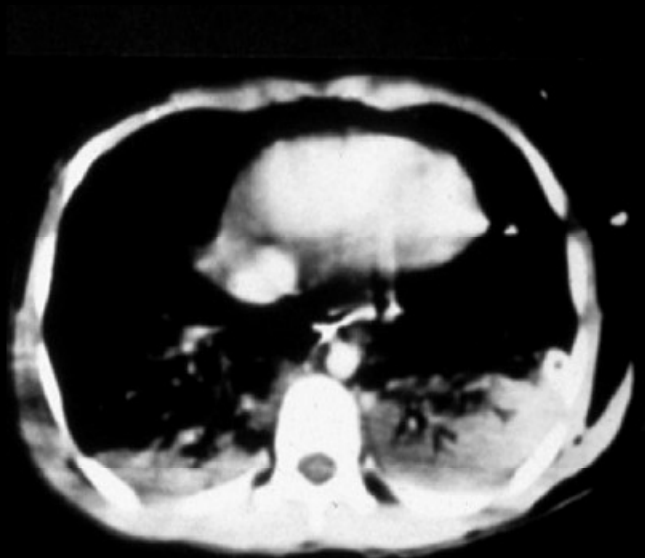
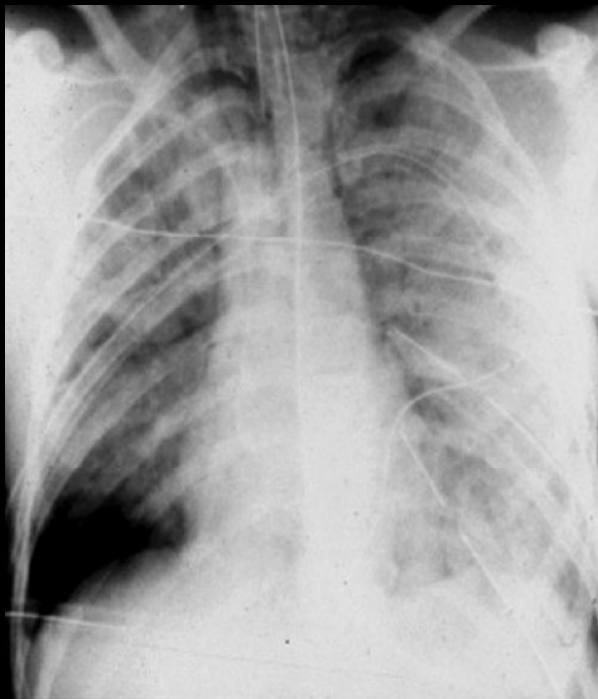


# Dynamic Lung Function and Monitoring



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Pediatric and Neonatal ICU  
Hôpital des Enfants  
University Hospital of Geneva

## My tools – and how I can use them



Physiologic response to my intervention:  $pO_2$ ,  $So_2$ ,  $Pco_2$ ,  $EtCO_2$

The ventilator as a monitoring device:

$V_t$ , Pressures

Curves and Loops

Calculated numbers (e.g.  $C_{dyn}$ )

# Dynamic Lung Function and Monitoring

“Notion of Time”

→ seconds

→ minutes

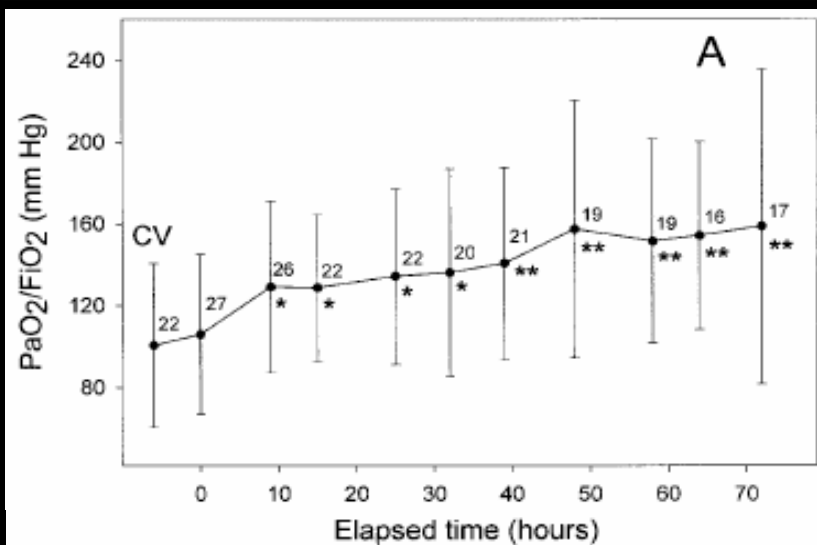
→ hours

→ days

hours

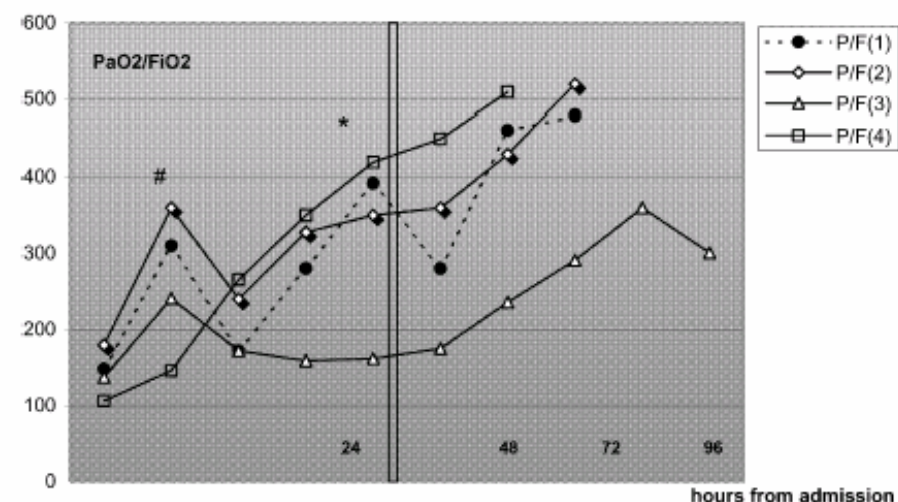
days

### HFOV in ARDS



Metha S Crit Care Med 2001; 29:1360–1369

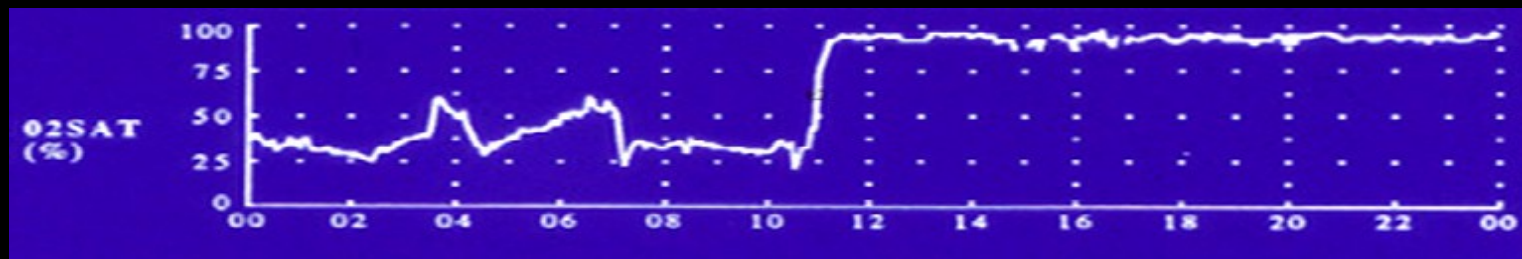
### Non-invasive ventilation in ARDS



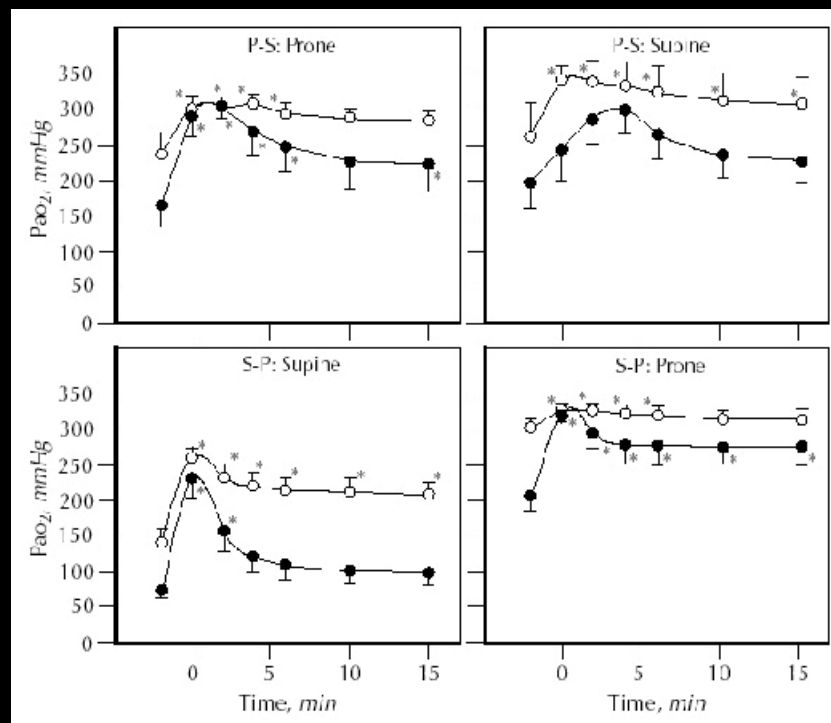
Piastra M Intensive Care Med 2004; 30:472–476

**Disease dynamics (?)**

→ minutes

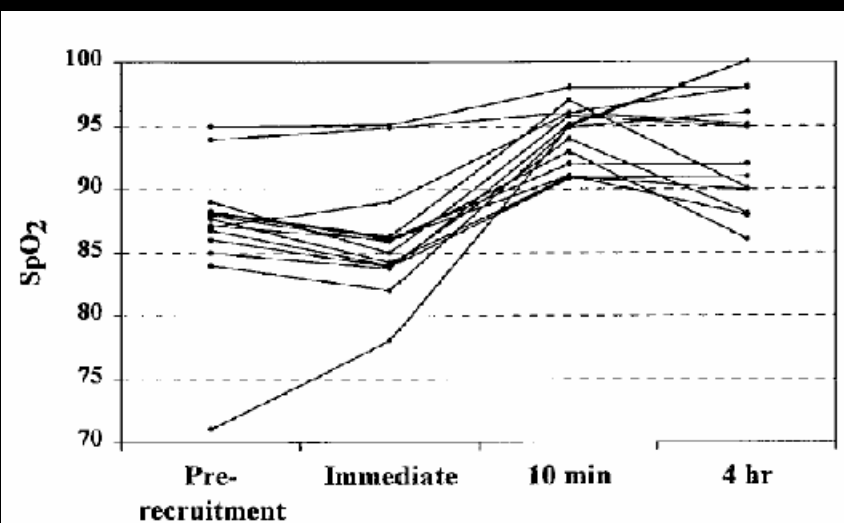


Position changes: supine  $\leftrightarrow$  prone

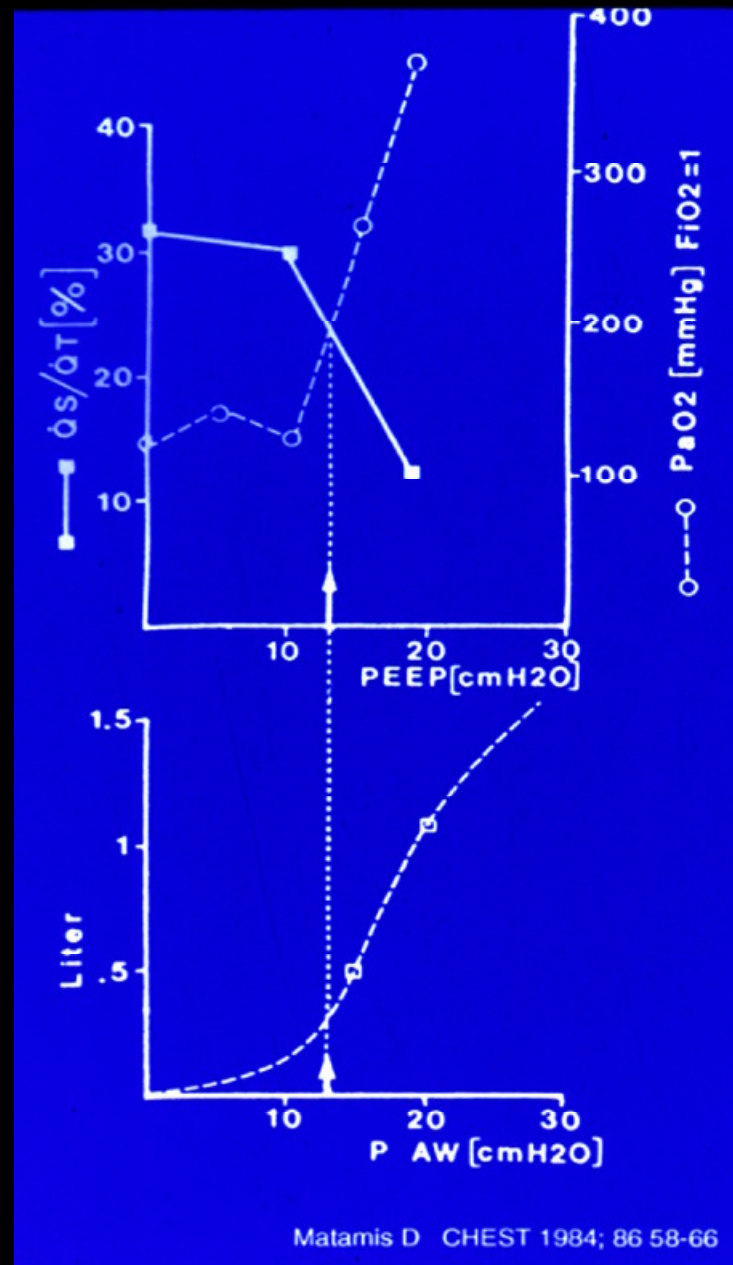


Cakar N et al. AJRCCM 2000; 161:1949-1956

Recruitment Maneuver:  
CPAP to 45 H2O for 20 seconds



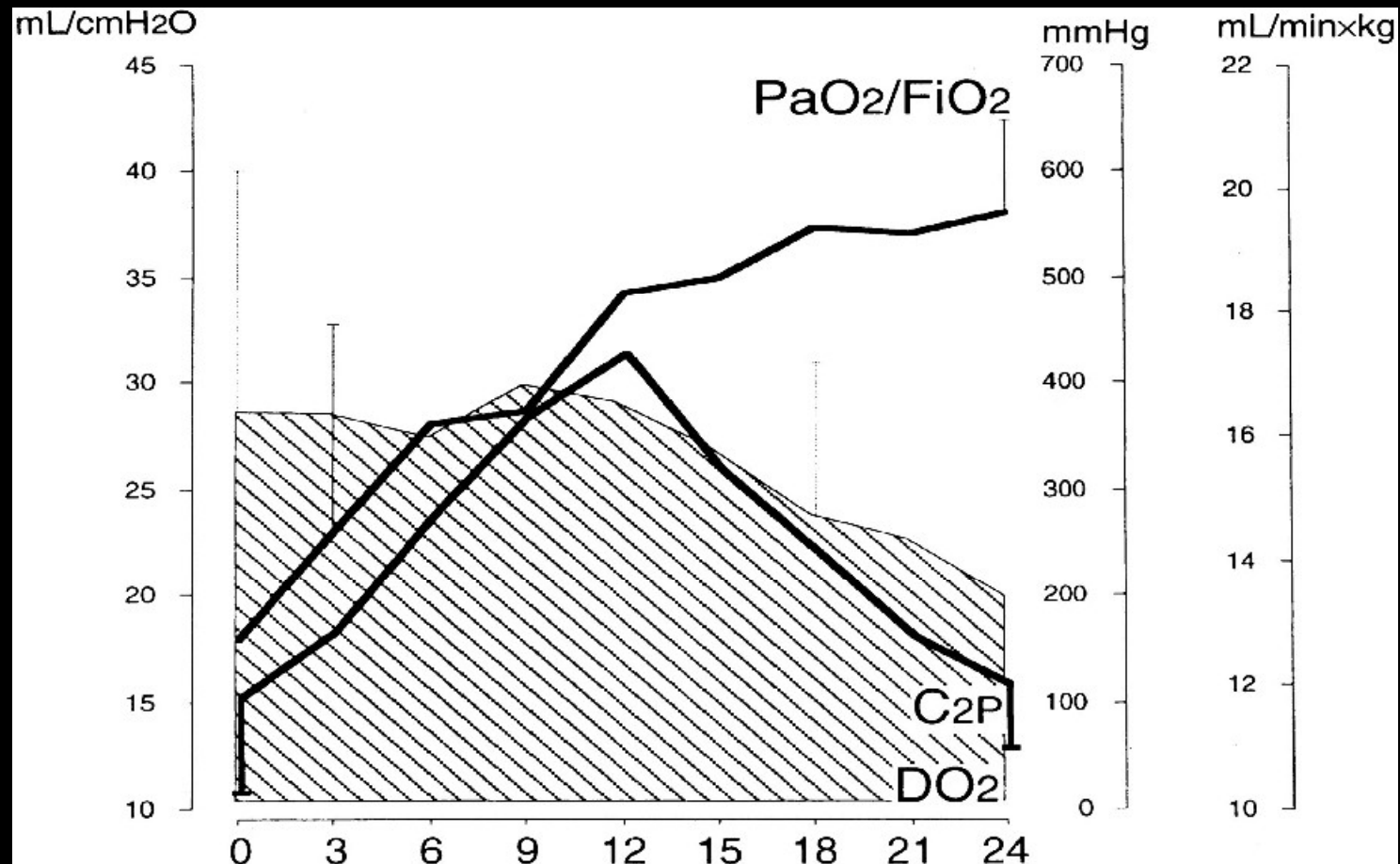
Lapinsky SE Intensive Care Med 1999; 25:1297





# The oxygen response (limitations)

P/F-ratio, oxygen delivery and Crs during PEEP steps



Lichtwarck-Aschoff M AJRCCM 2000; 182:2125-32

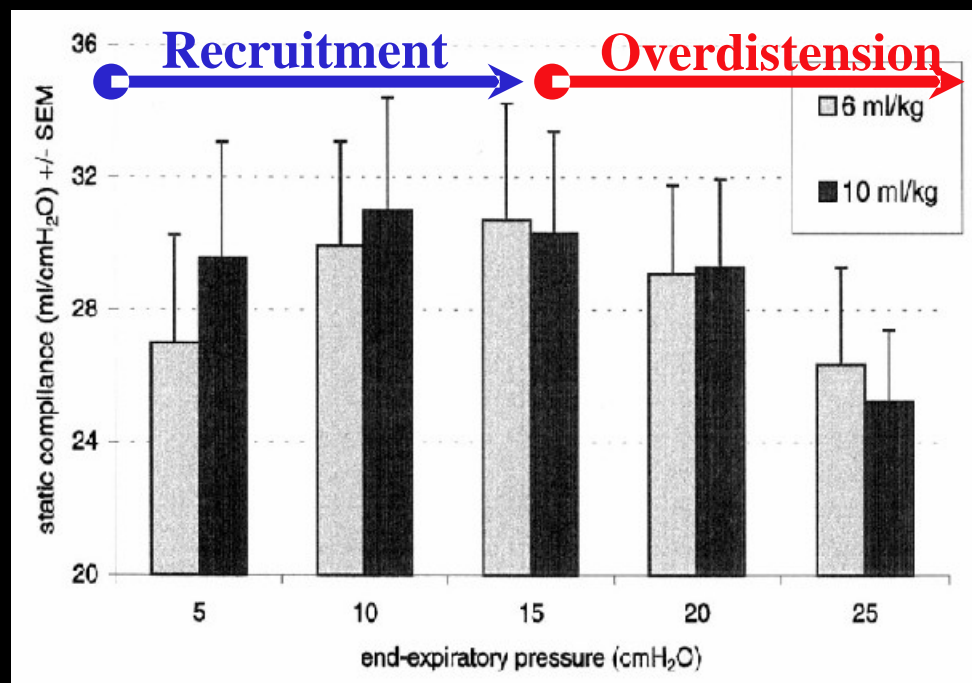
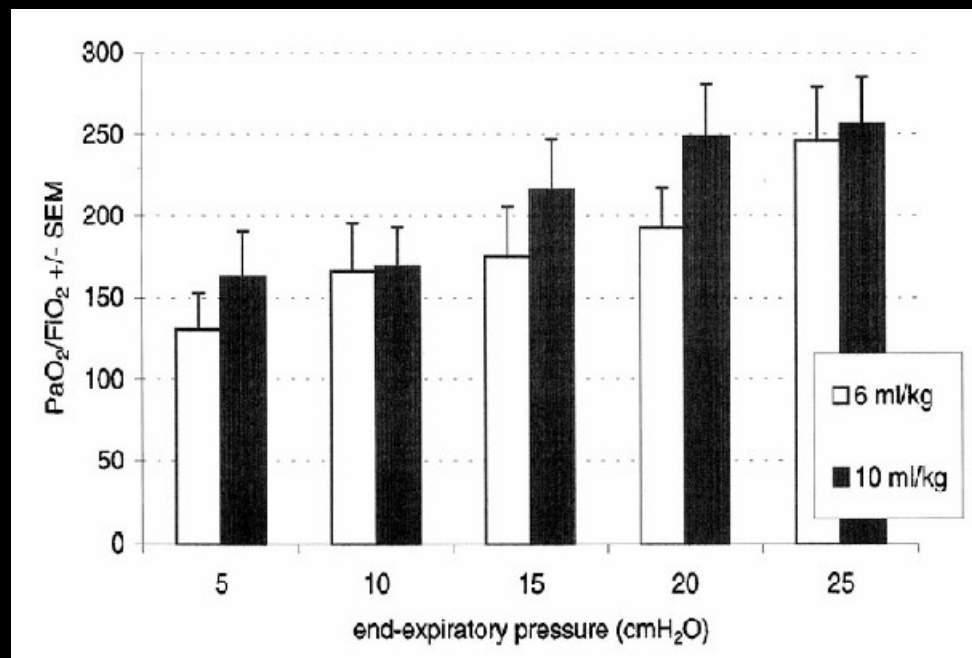
# The oxygenation response: Can it be used?

## PEEP and Vt effects in ALI

"static" compliance:

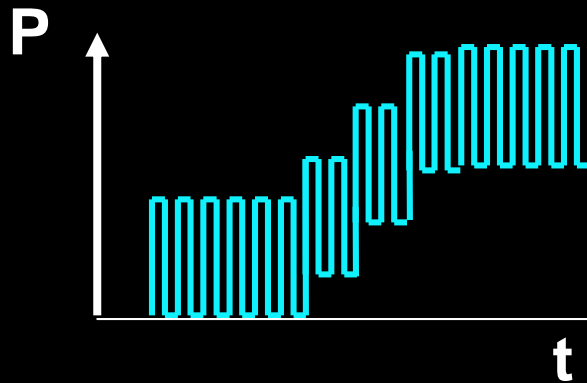
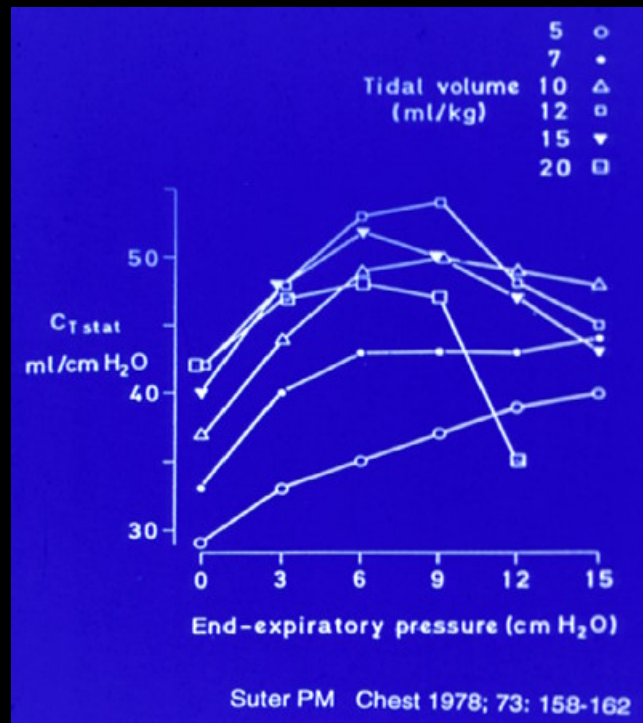
$$C_{st} = \frac{\text{tidal volume}}{\text{static PIP (P}_{plat}) - \text{PEEP}}$$

Burns D J Trauma 2001;51:1177-81

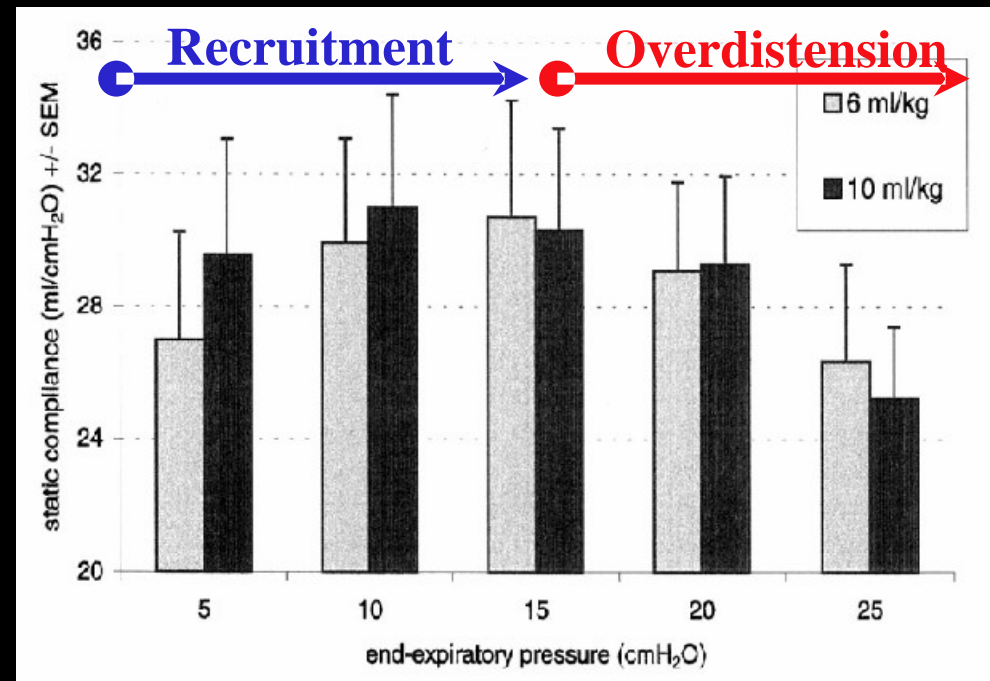
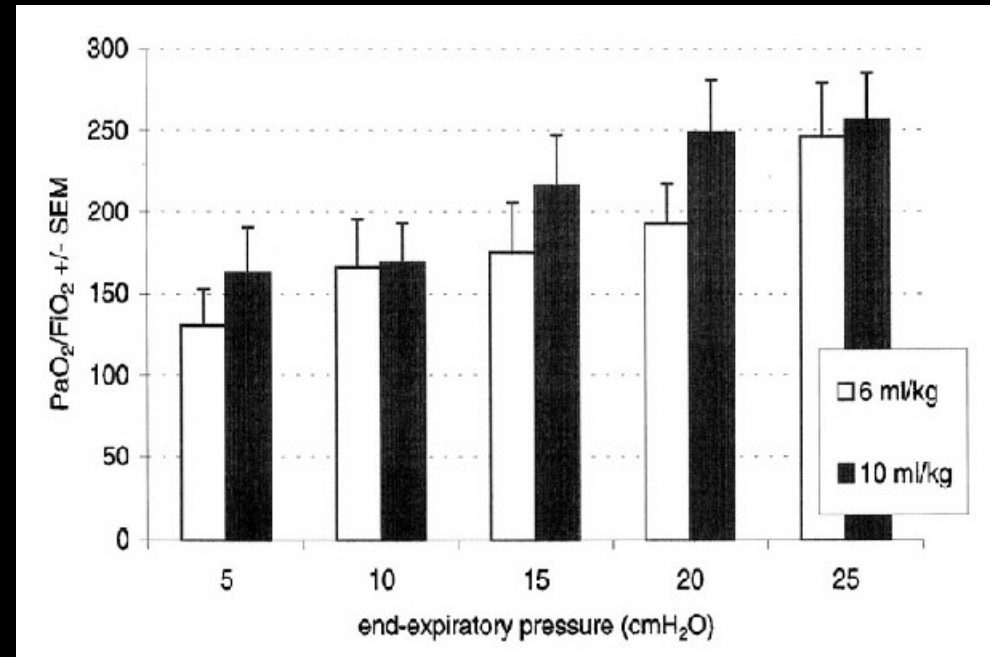




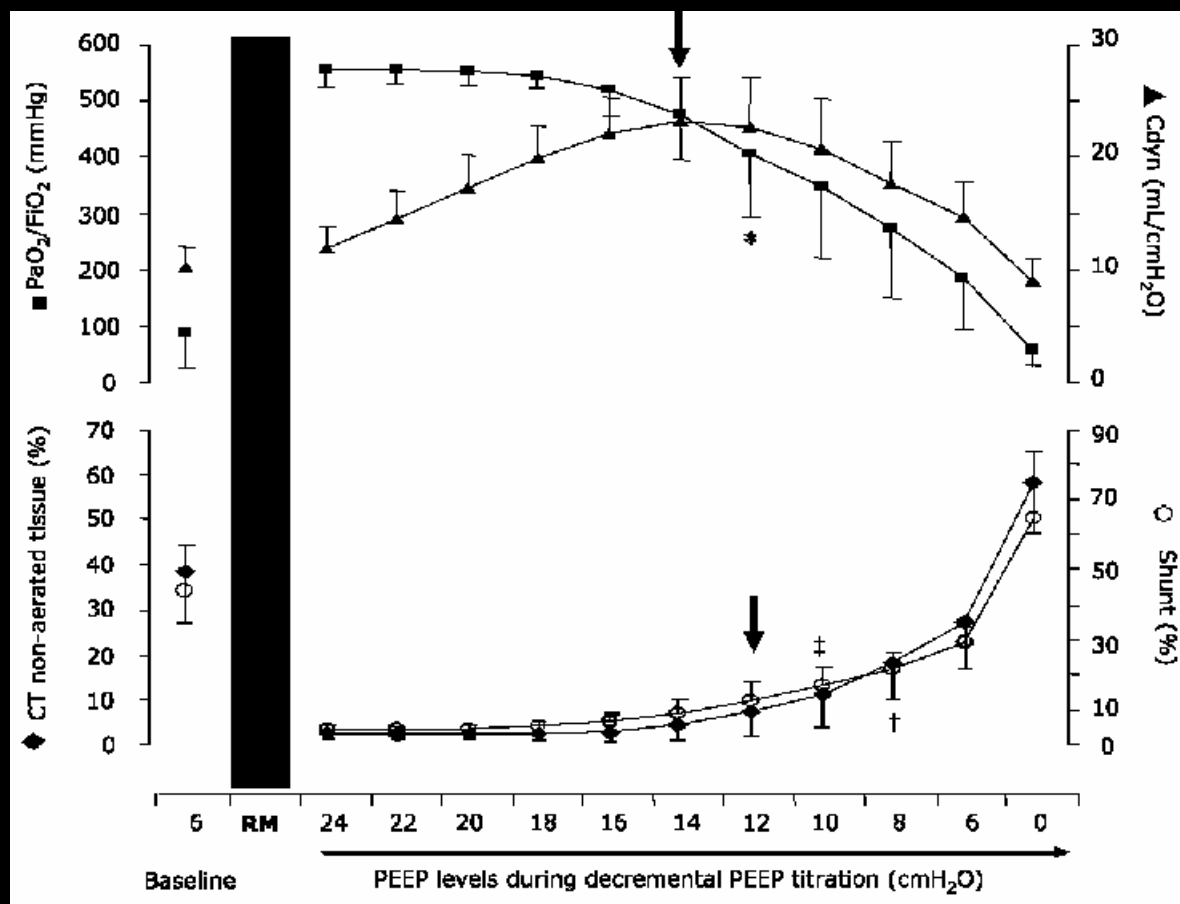
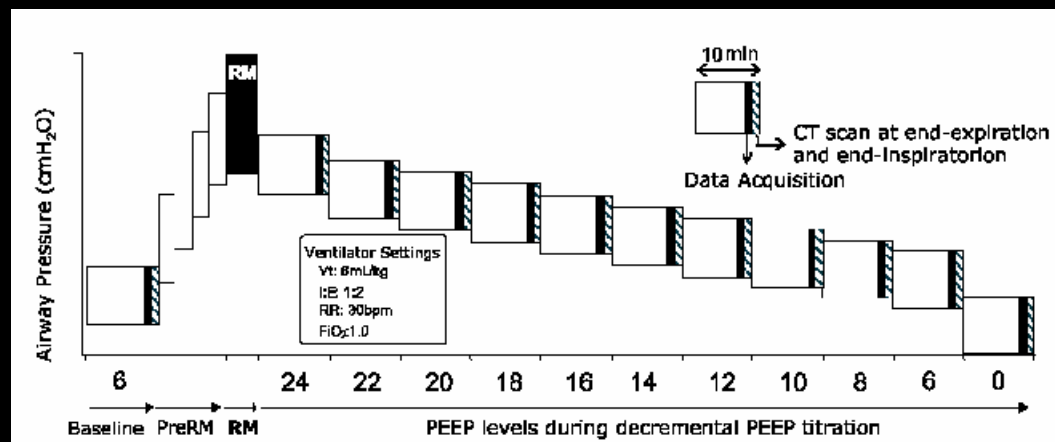
# PEEP titration



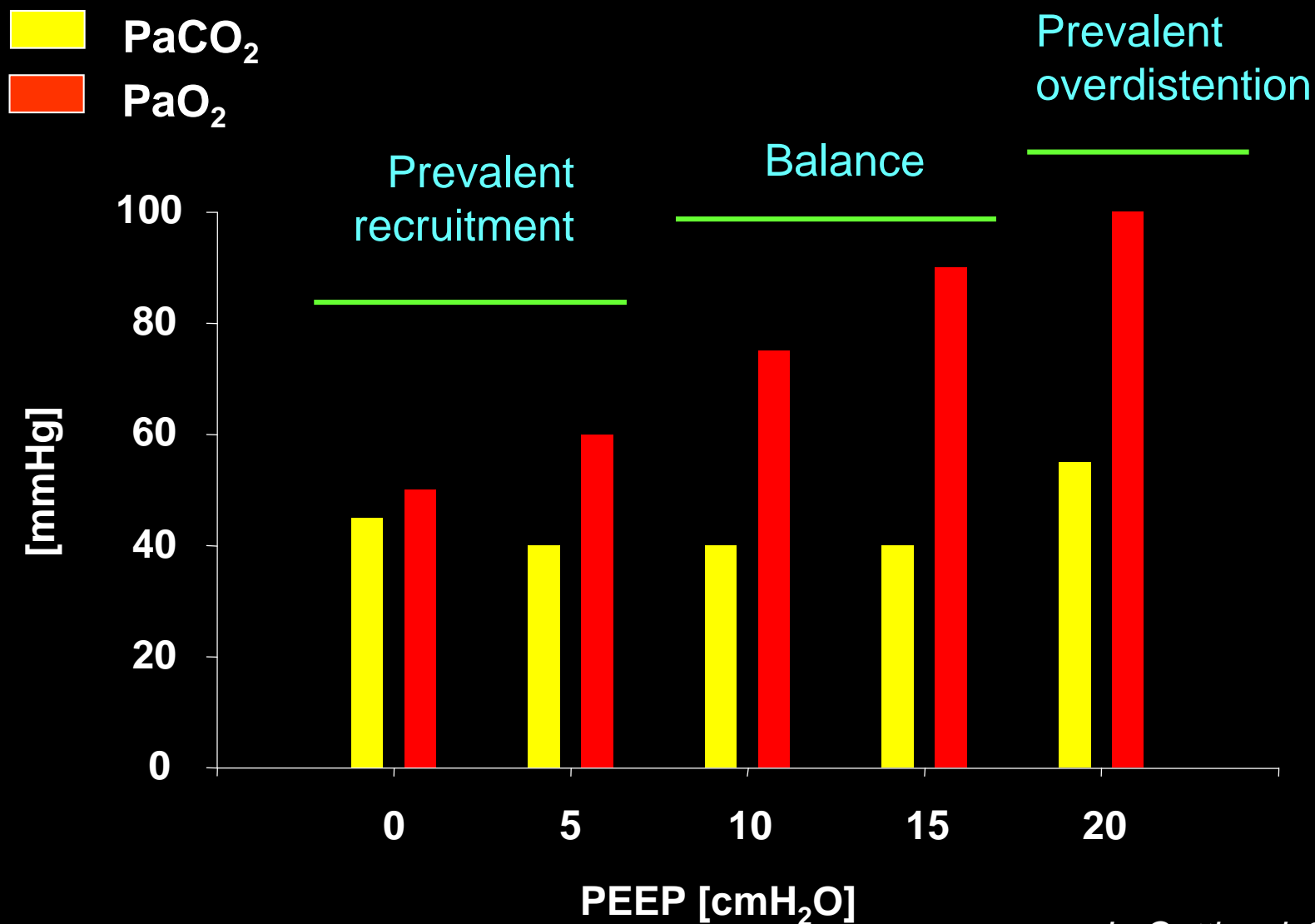
Burns D J Trauma 2001;51:1177-81



# Use of dynamic compliance for open lung positive end-expiratory pressure titration in an experimental study



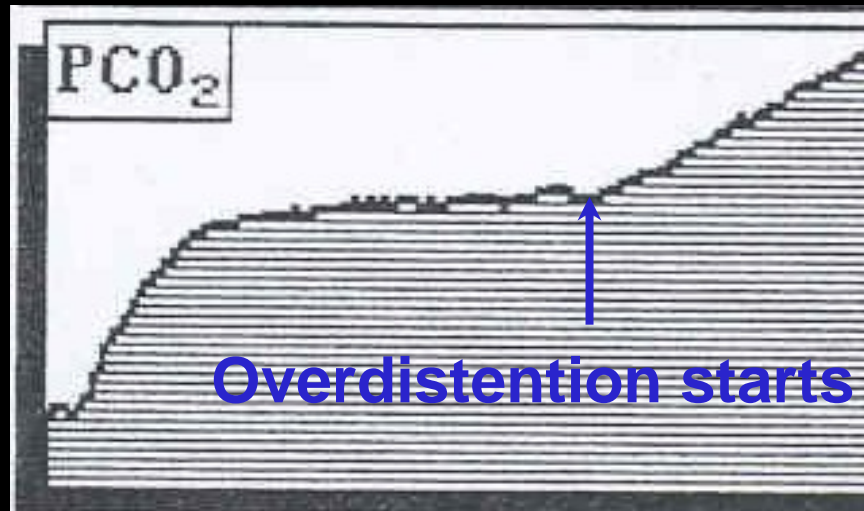
## Constant $V_T$ : $\text{PaCO}_2$ and $\text{PaO}_2$



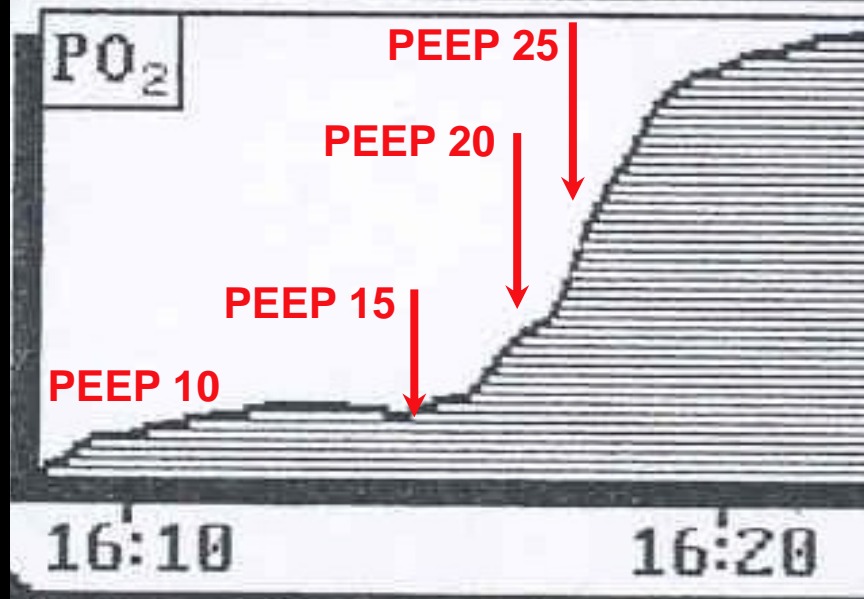
*L. Gattinoni, 2003*

# PEEP titration and the physiologic response

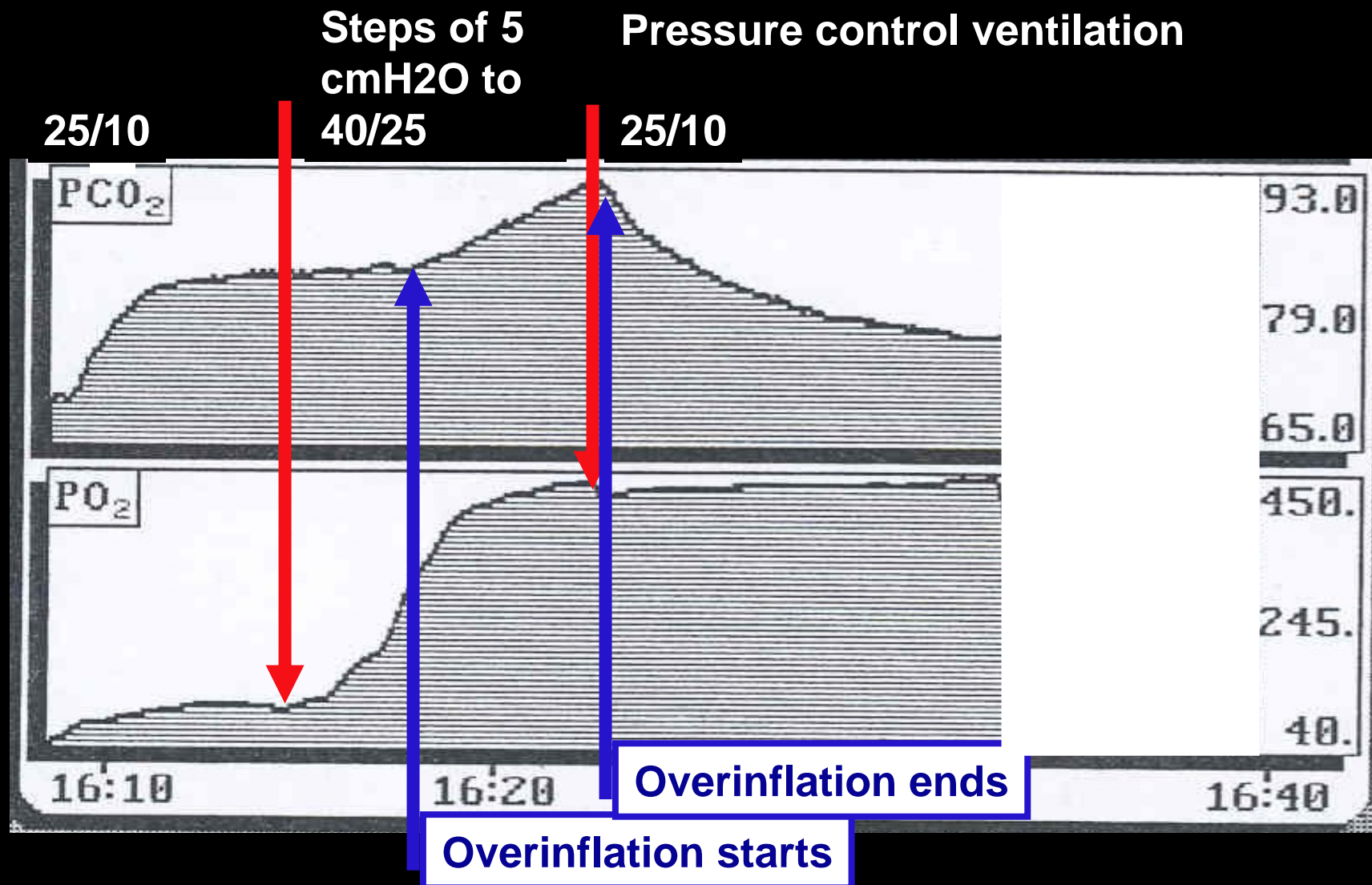
CO<sub>2</sub>-response



Oxygenation



# PEEP titration and the physiologic response





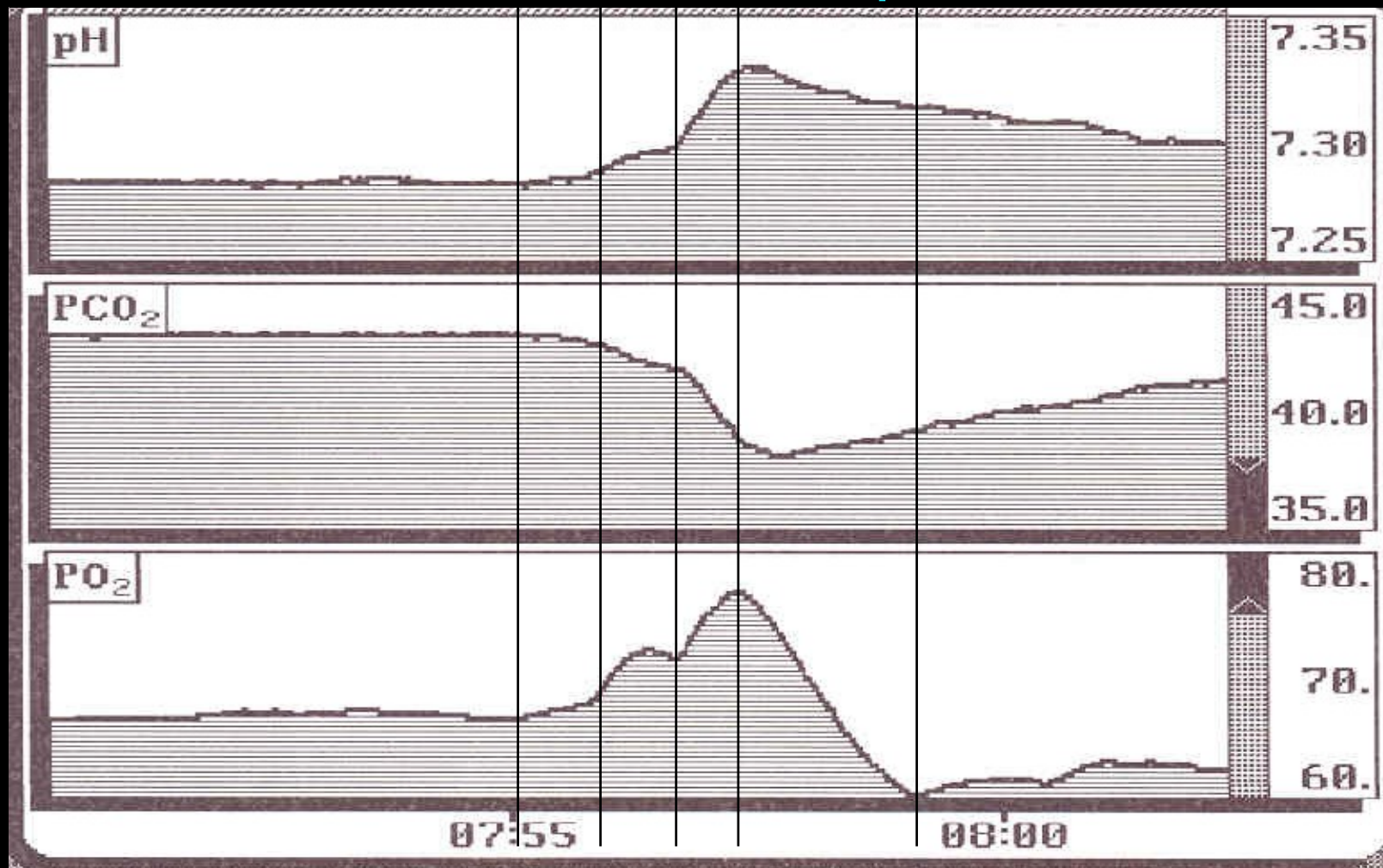
# Physiologic response to pressure changes during HFO

CDP: 13

12 11 10 9 11

Overdistention

Collapse

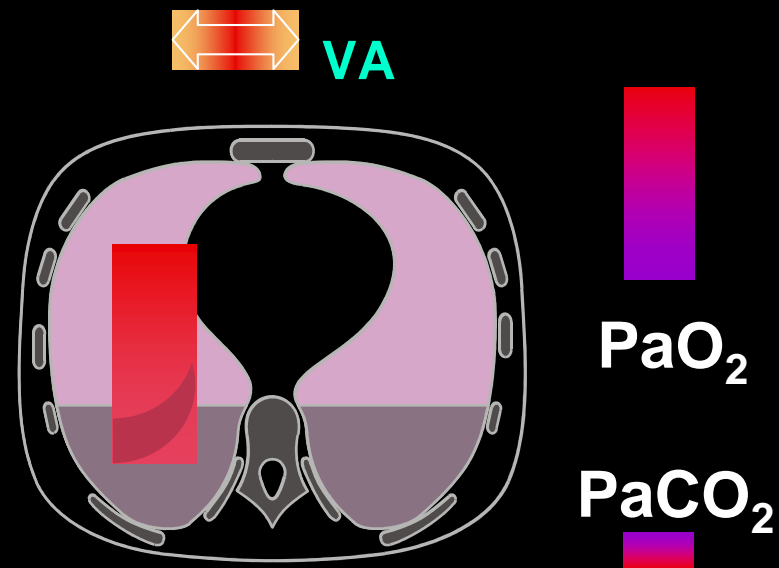
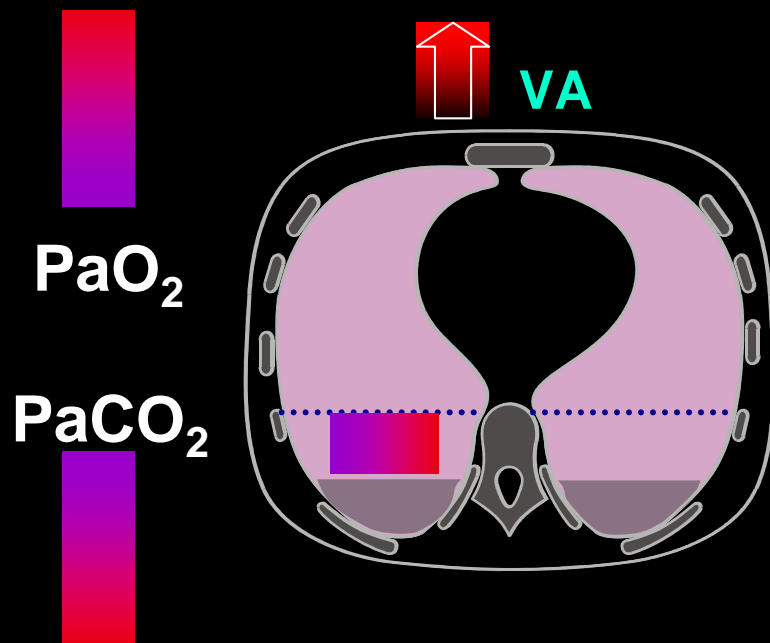




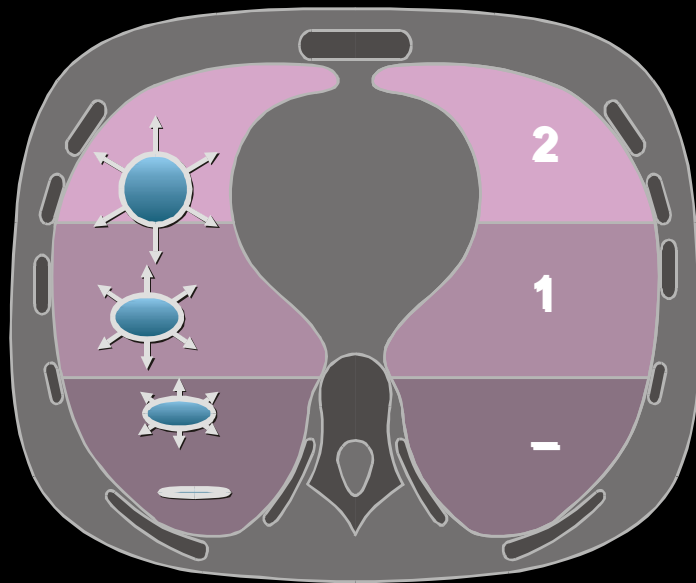
**O<sub>2</sub>-improvement = Shunt improvement =**

**a) recruitment**

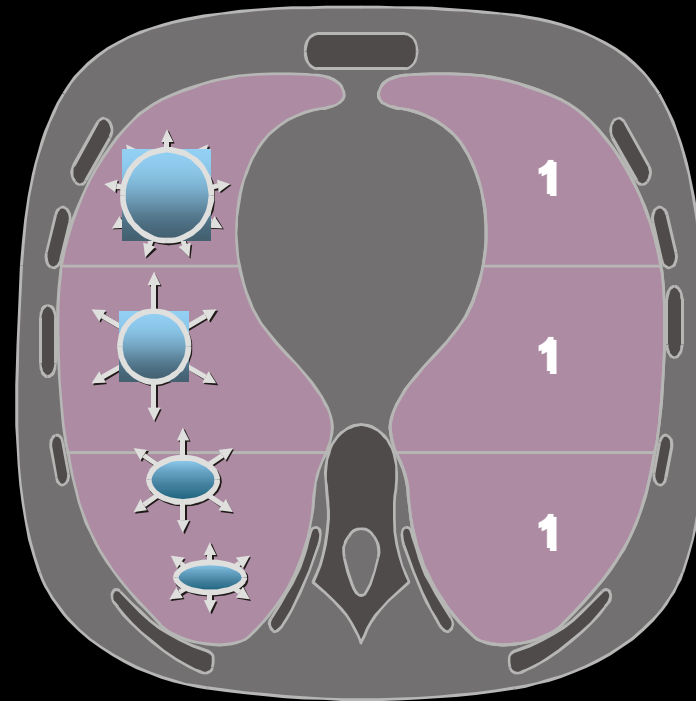
**b) flow diversion**



## Prevalent overinflation = dead space effect



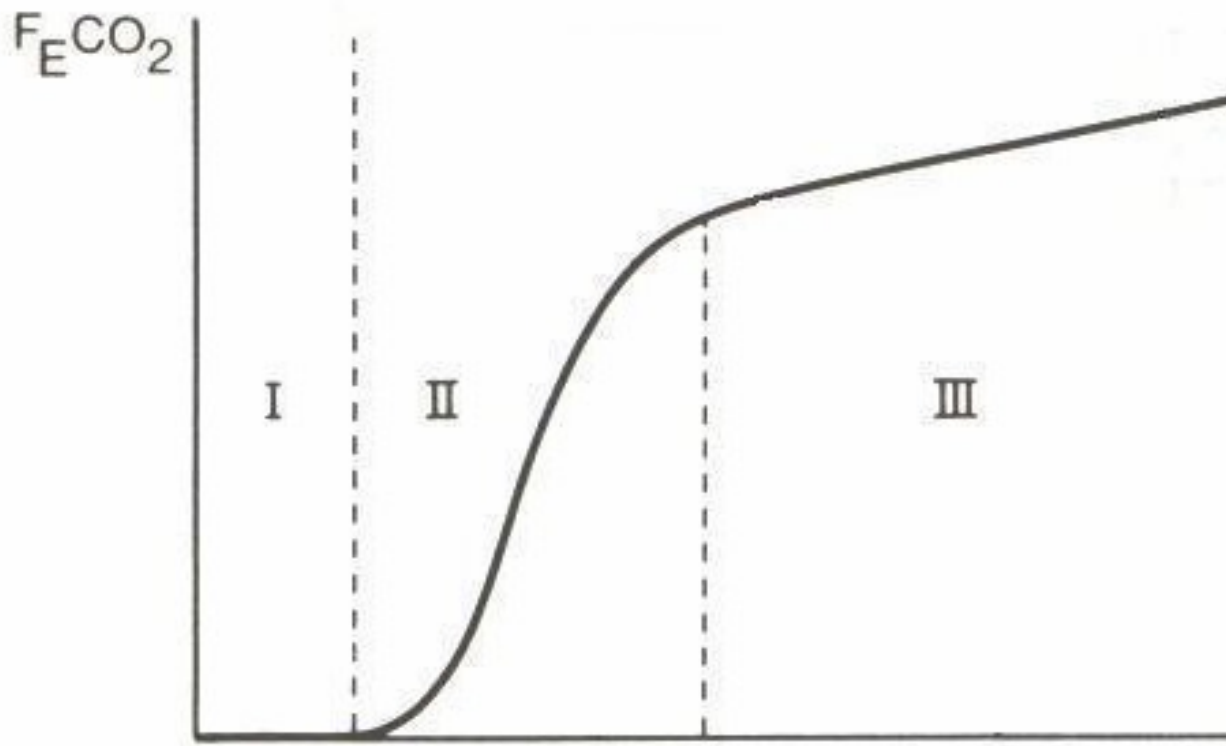
*PEEP 0*



*PEEP 20*

**$\text{PaO}_2$  and  $\text{PaCO}_2$  increase**

# Single breath $\text{CO}_2$ -tracing



- Phase III     **Alveolar gas** – called plateau but ascends gradually due to
- a) sequential emptying of lung regions with different V/Q-ratios
  - b) within units V/Q mismatching secondary to incomplete gas mixing
  - c) the continual release of  $\text{CO}_2$  into the alveoli during expiration

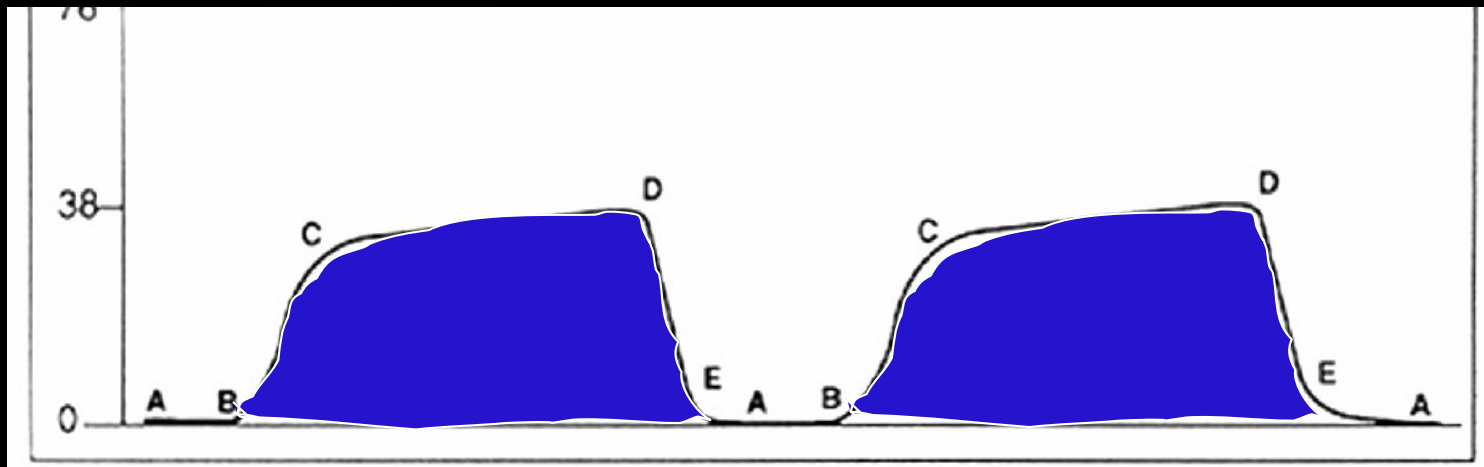
# CO<sub>2</sub> in ventilatory monitoring

etCO<sub>2</sub>      endtidal value

FeCO<sub>2</sub>      fraction of CO<sub>2</sub> in expired gas

VCO<sub>2</sub>      minute elimination ("production")

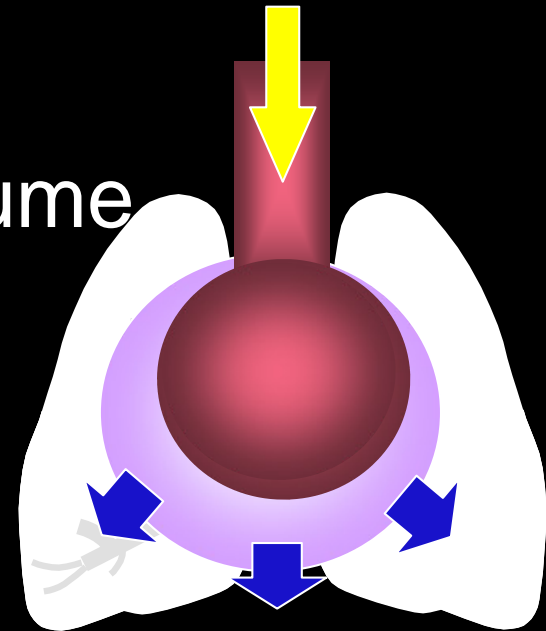
VTCO<sub>2</sub>      tidal elimination



# Breath by Breath

Pressure – Flow – Time - Volume

$$\Delta \text{Vol}_{\text{max}} = \Delta P \times C_{\text{rs}}$$



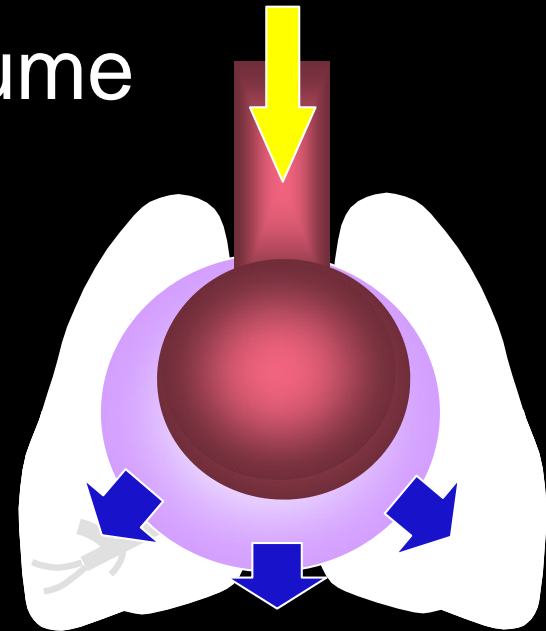
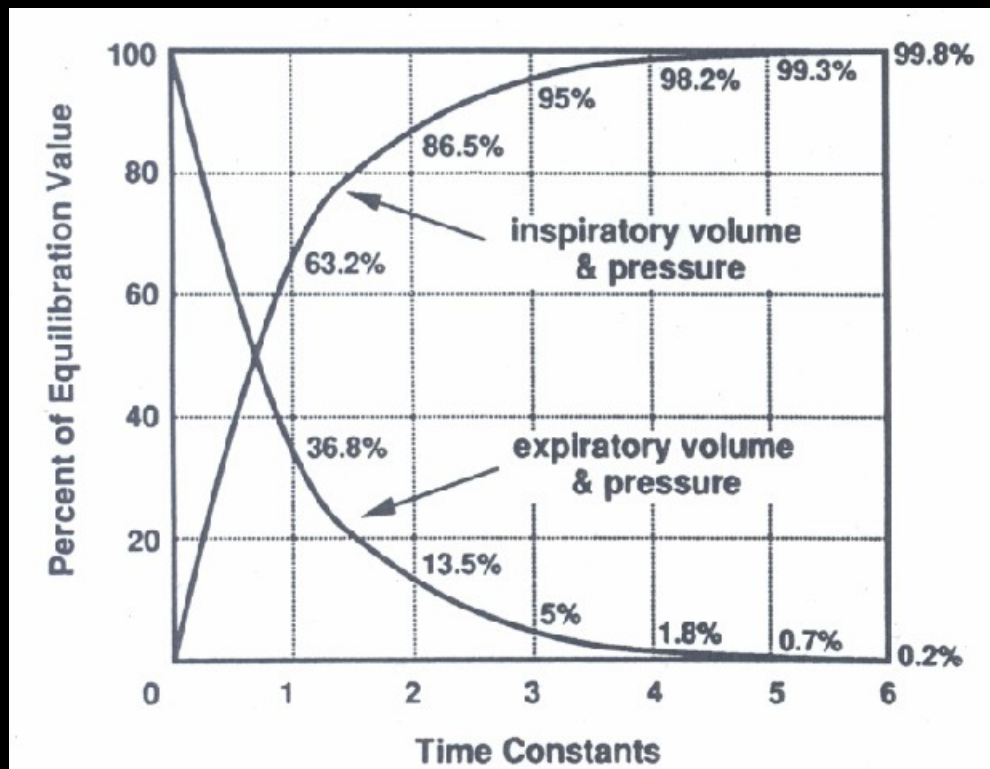
Volume change requires time to take place.

When a step change in pressure is applied, the instantaneous change in volume follows an exponential curve, which means that, formerly faster, it slows down progressively while it approaches the new equilibrium.

$$\text{Time constant: } T = C_{\text{rs}} \times R_{\text{rs}}$$

# Pressure – Flow – Time - Volume

**Time constant:  $T = C_{rs} \times R_{rs}$**

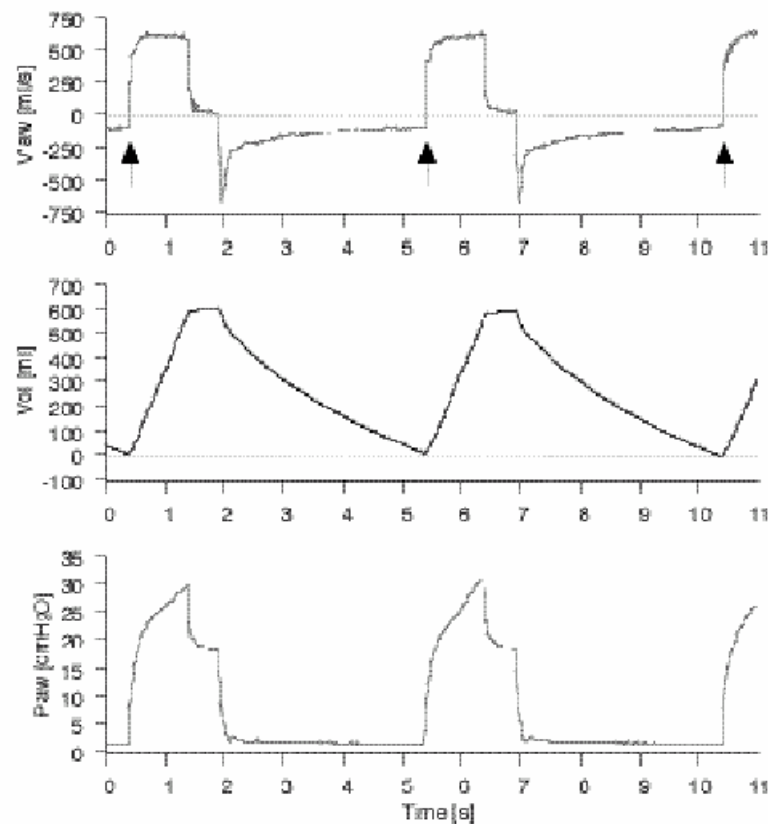




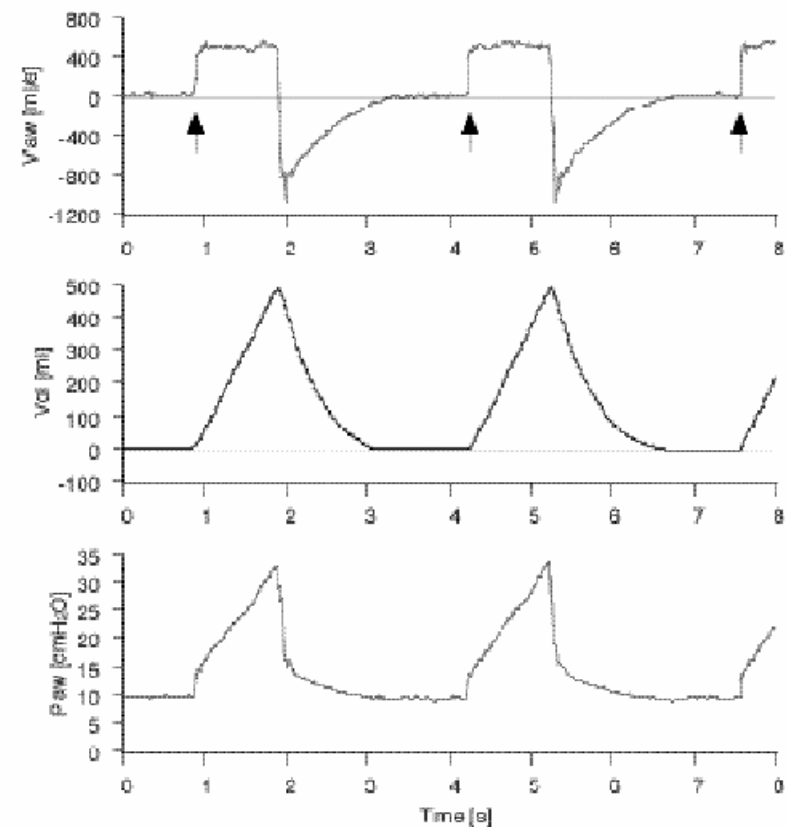
# Patient-Ventilator Interaction - Monitoring

## Flow termination and auto-PEEP

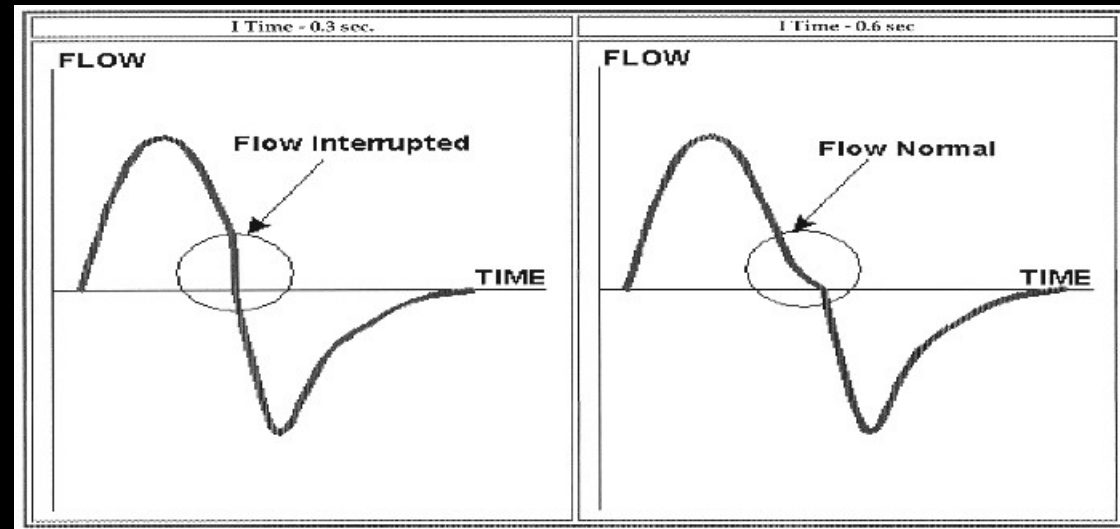
Positive Identification of Dynamic Hyperinflation during Paralysis (Real-Time Plot)



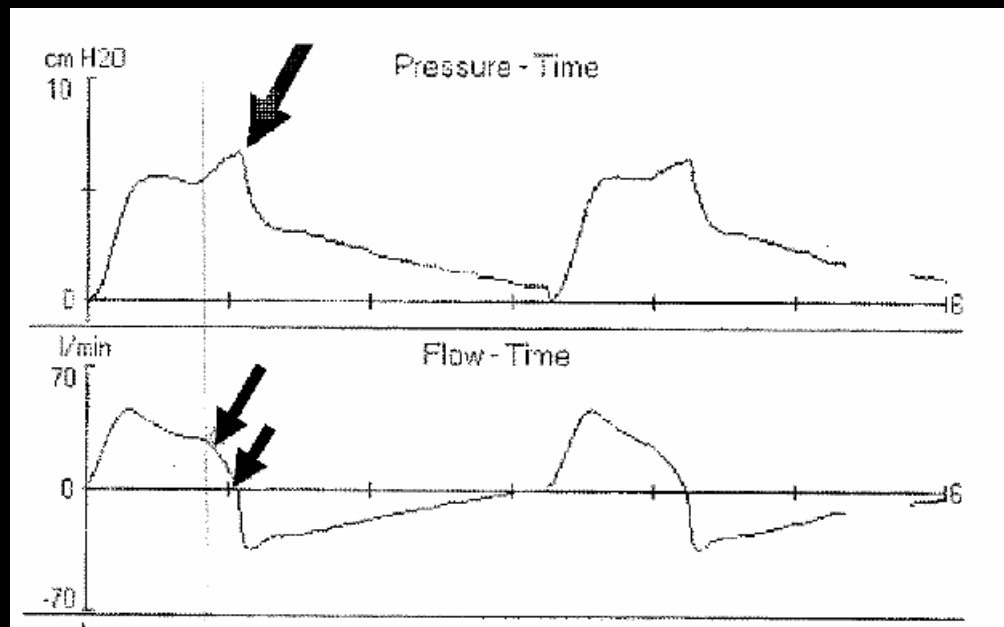
Negative Identification of Dynamic Hyperinflation during Paralysis (Real-Time Plot)



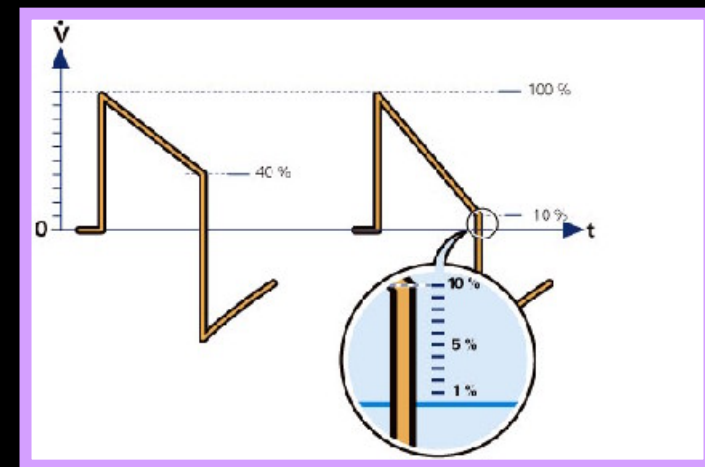
## Control Modes



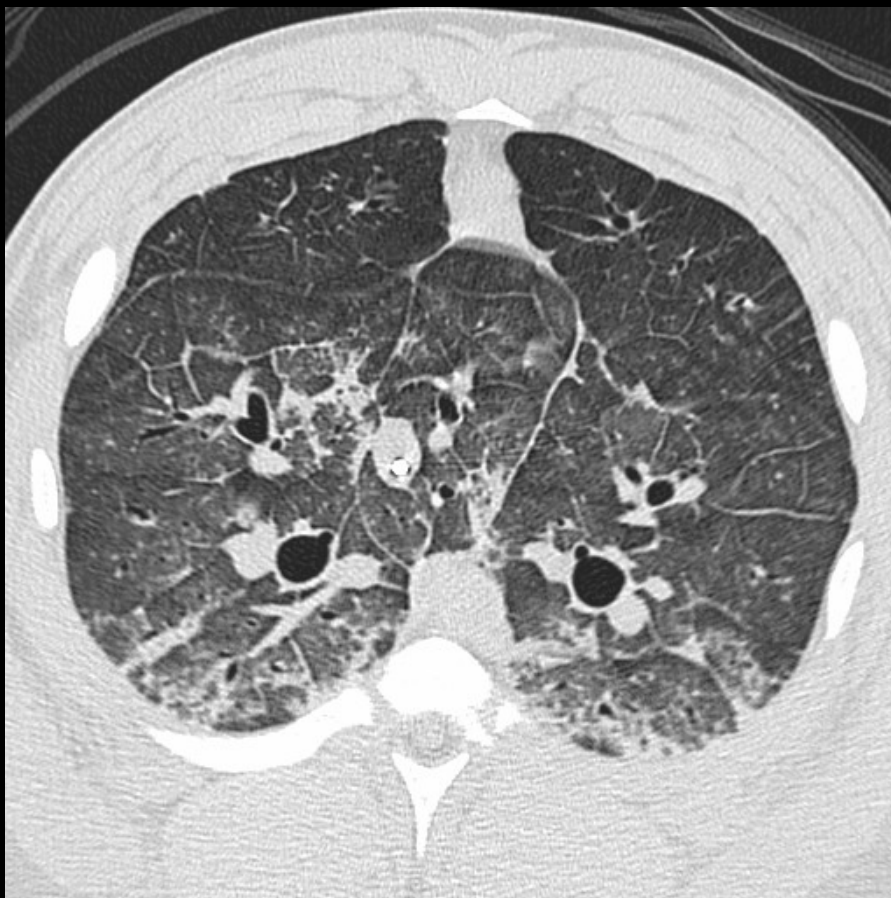
## Support Modes



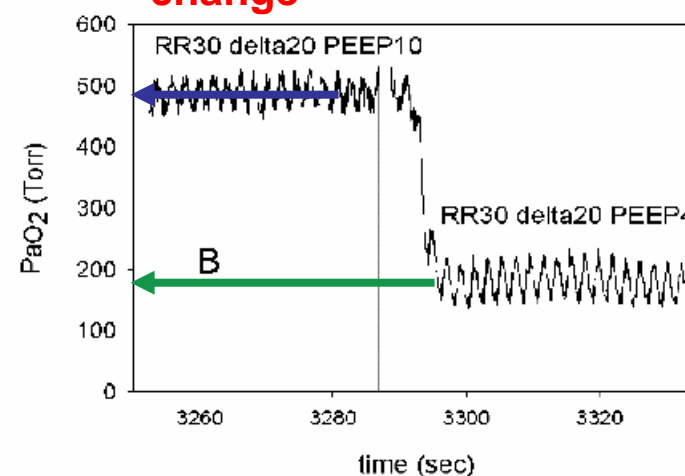
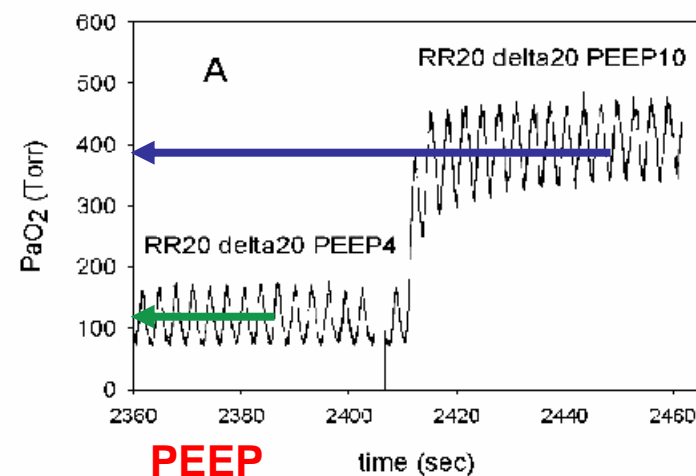
## Flow termination criteria



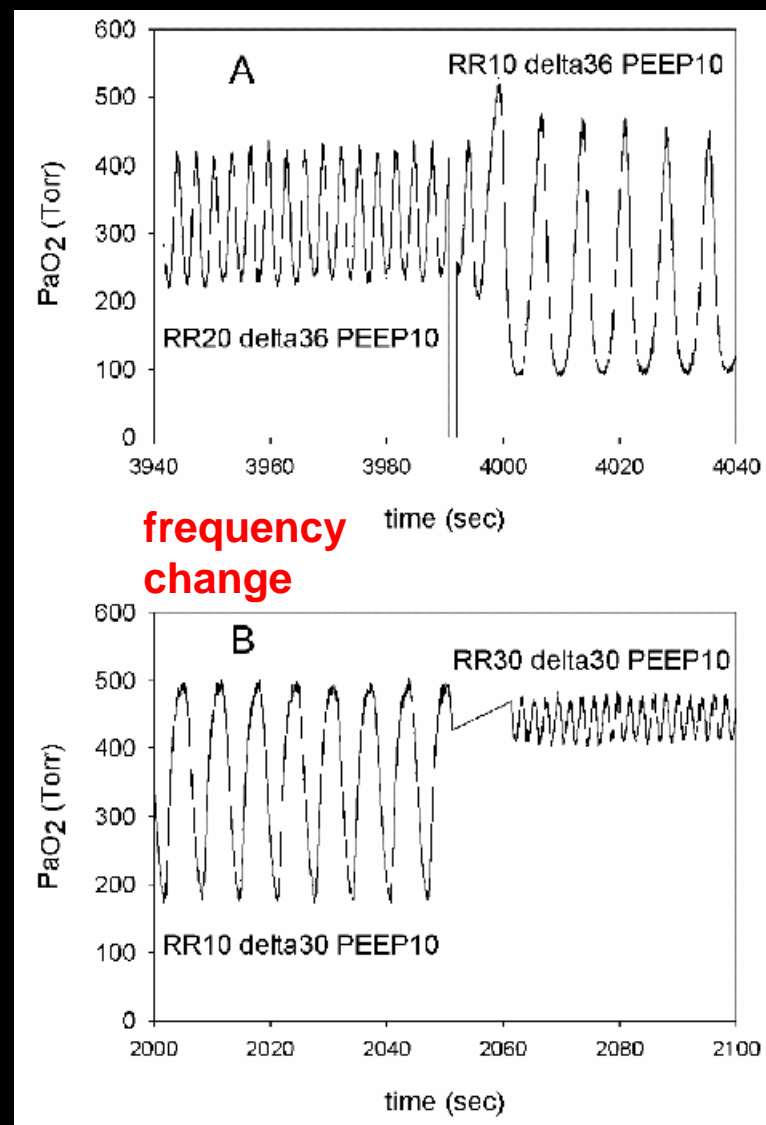
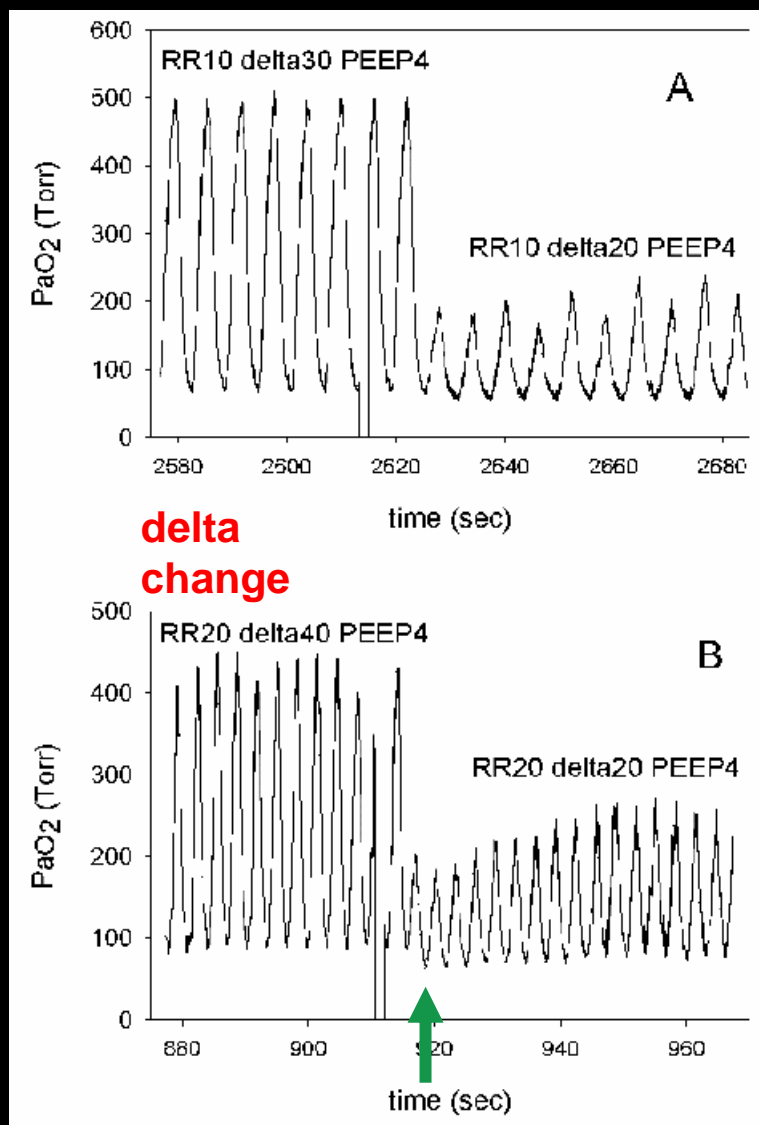
# Breath by Breath “Dynamics” Visualized



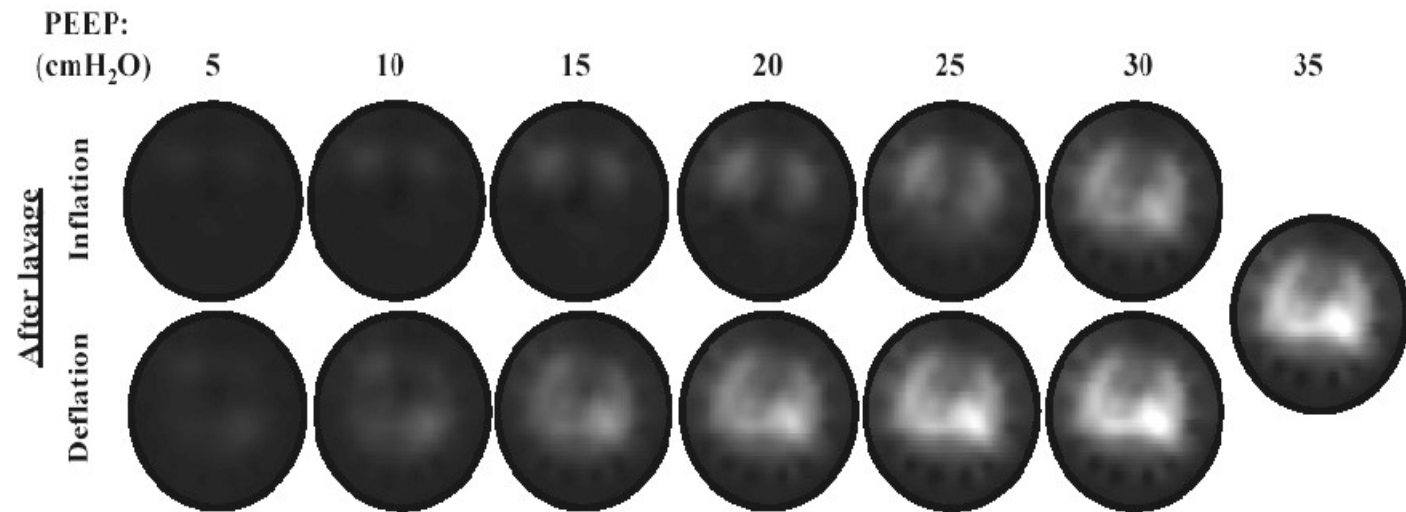
Digital sample rate of 12.2 Hz



# Breath by Breath “Dynamics” Visualized

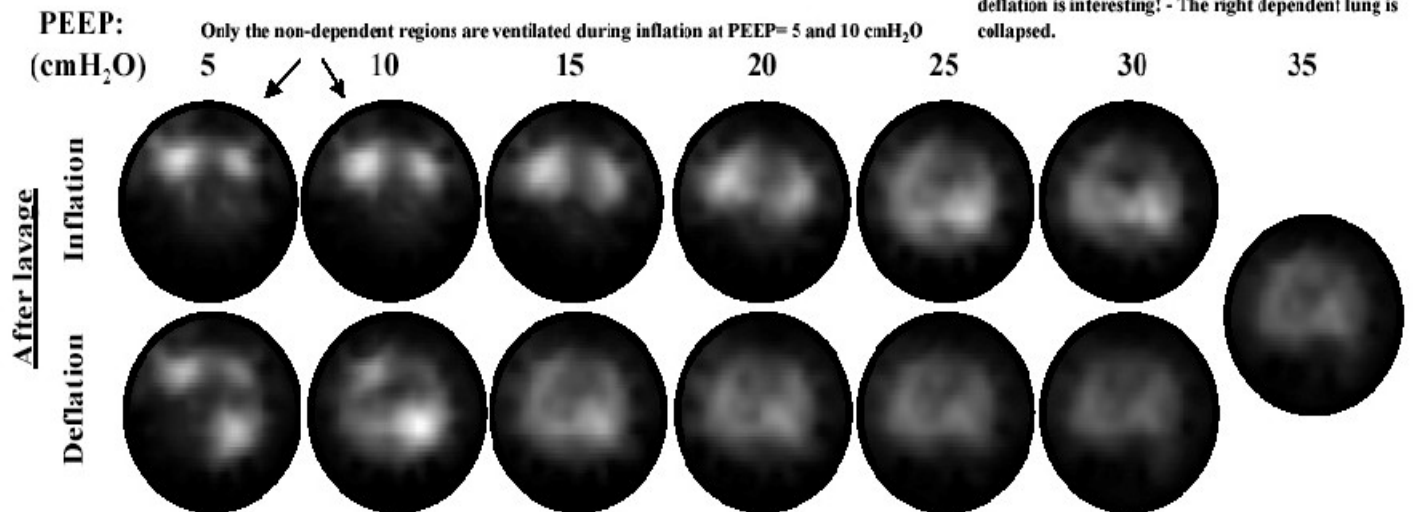


## Volume distribution

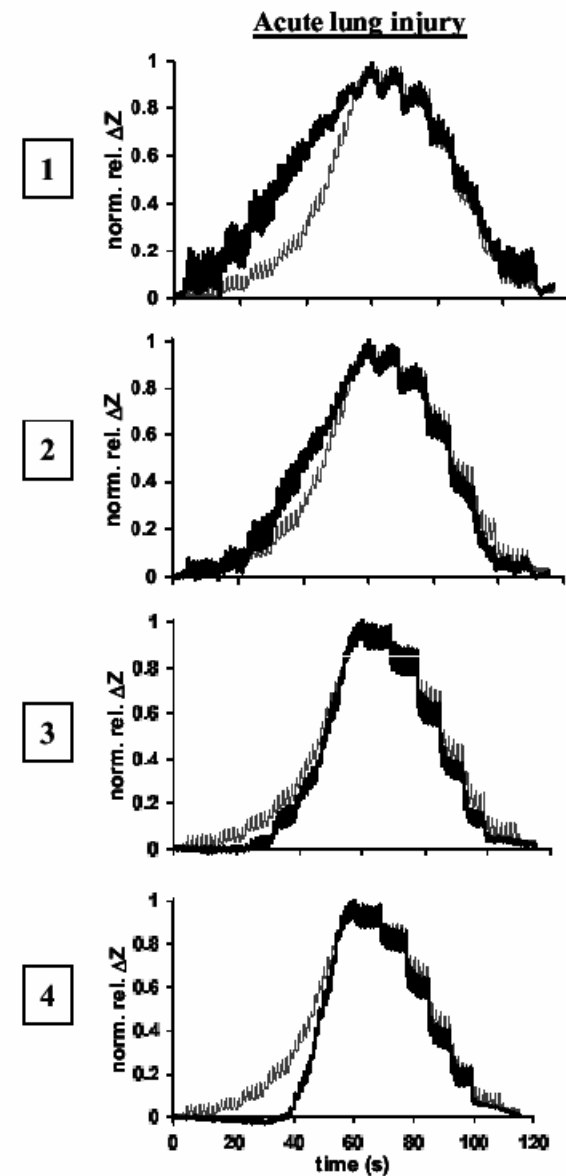
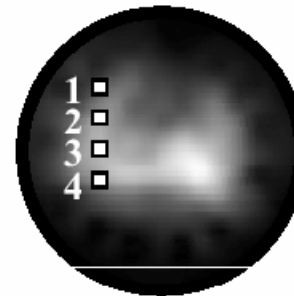
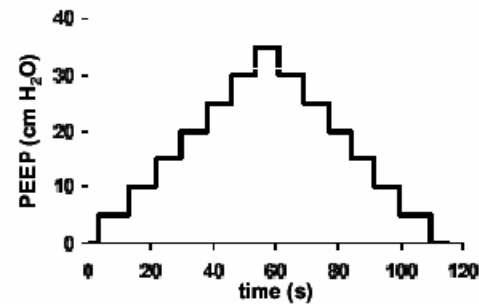
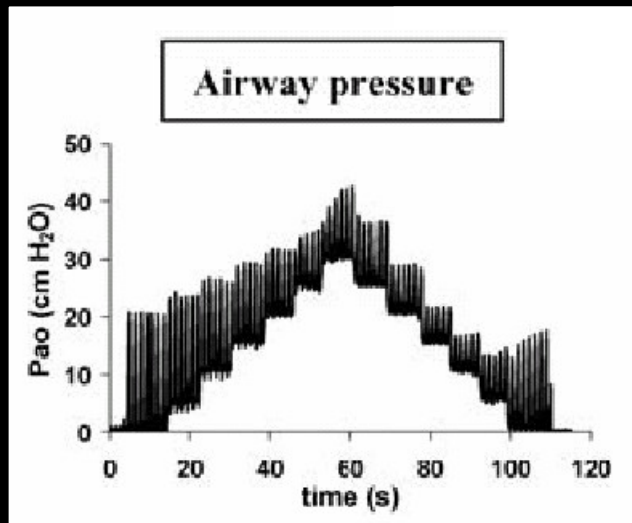
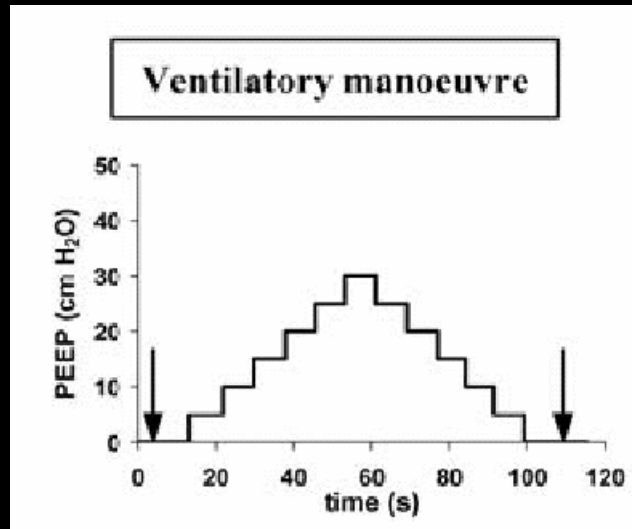


## Tidal volume distribution

These functional EIT tomograms show the distribution of  $V_T$  in the chest cross-section



## EIT to quantify $V_t$ -distribution

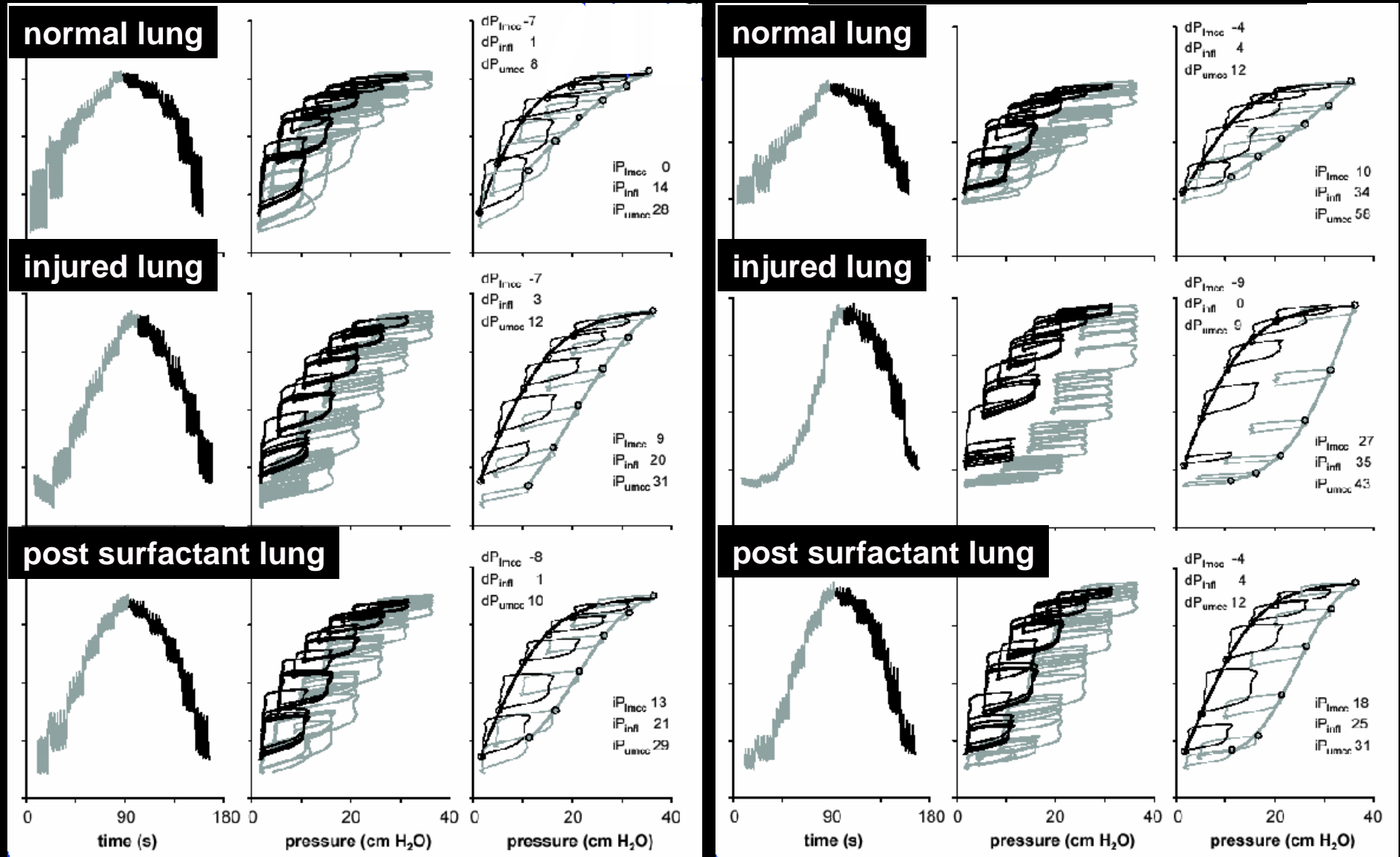




# Regional «homogeneity» on the deflation limb

right lung nondependent region

right lung dependent region



Frerichs I, Dargaville P, Rimensberger PC (in preparation)



The basic tools, do I have them? YES

To use them better you have to think “dynamic”

Look for trends and not for static numbers