1. Attending Physician: ___________________________ Resident/Fellow ____________________________
   □ Consult: ____________________________

2. Status: □ Medical Floor □ ___ICU □ Telemetry □ Observation

3. Code Status: □ Full Code □ DNR/DNI □ Comfort Care □ Other ____________________________

4. Co-Morbidities: ____________________________

5. Condition: □ Full Admission □ Stable □ Fair □ Serious □ Critical

6. Allergies: □ NKDA □ Allergic to: ____________________________

7. **HFOV FOR SMOKE INHALATION:** May be used for patients who meet the following criteria:
   - The presence of carbonaceous sputum with suctioning
   - Significant intraoral or pharyngeal burns
   - Upper air way edema, red, dried mucosa or small mucosal blisters
   - Inhalation injury of the epithelium confirmed by bronchoscopy
   - Evidence of smoke inhalation
   - PaO2/FiO2 < 200
   - Patient history of fire in an enclosed space i.e building, house
   - Carboxyhemoglobin value > 10

8. **PROCEDURE: BEFORE PLACING PATIENT INITIALLY ON THE VENTILATOR**
   - Suction patient
   - Sedate and paralyzing patient may be necessary
   - Bias flow is set at approximately 35LPM and may be adjusted up or down to meet patient needs
   - Set IT at 33%
   - Set initial Hz at 5
   - Set an initial mPaw at 5cmH2O above the conventional ventilator mPaw or 33 ± 5cmH2O if initially starting on HFOV. You may consider a recruitment maneuver first if patient is extremely hypoxic by applying 40cmH2O for 40 sec.
   - If oxygenation worsens, increase mPaw in 3-5cmH2O increments every 30 mins.
   - Set power at 4.0 and rapidly increase to achieve chest wiggle. (visual vibration from shoulders to mid-thigh area)
   - Start FiO2 at 1.0
   - Connect the patient to the oscillator and start the oscillator
   - Obtain an ABG in 30 minutes of initiation then every 4 hours for 24 hours, every 6 hours for 24 hours then every 12
   - Check CXR within 1-4 hours of initiation
   - FiO2 should remain at 100% until carboxyhemoglobin is < 10
   - Suction every 6 hours
9. **SIGNS AND SYMPTOMS ASSOCIATED WITH CARBOXYHEMOGLOBIN SATURATIONS**
   - <5% - normal
   - 5%-10% - Visual disturbance
   - 11%-20% - Headache, flushed skin
   - 21% -30% - Nausea, ataxia
   - 31% -40% - Irritability, vertigo, hallucinations
   - 41%-50% - Tachypnea, tachycardia, shock
   - >50% - Coma, seizures, respiratory failure, death

10. **OXYGENATION MANAGEMENT:**
   - Increase MAP to get SpO2 ≥ 92%
   - Stop adjusting MAP when SpO2 is ≥ 90%
   - **VENTILATION MANAGEMENT:** Maintain good CWF (chest wiggle factor). If you lose wiggle or it becomes dampened, try the following:
     - Suctioning
     - X-ray to rule out pneumothorax
     - Increase bed firmness it on air mattress
     - Increase amplitude
   - Saline Lavage 10-20 ml with tracheal suction every 6 hours
   - Bronchoscopy Daily until secretions clear

11. **SEVERE HYPERCAPNEA WITH Ph <7.25**
   - Check X-Ray
   - Increase amplitude in increments of 5cmH2O until you have gone up 20cmH2O from starting point
   - Decrease Frequency in increments of .5 every 30-60 minutes
   - Create a small cuff leak. You want to deflate cuff until you see MAP drop 2cmH2O. Stop the deflation, disconnect syringe, turn MAP back to where it was originally set. If MAP is bouncing around all over the place your cuff leak is too big.
   - Consider increasing IT time % in increments of 5 until IT reaches 50%

12. **WEANING:** Once HFOV has been initiated and mPaw settings are stabilized
   - Titrate FiO2 every 8-12 hours keeping SpO2 > 92% and the PaO2 < 65mmHg
   - Titrate FiO2 to ≤ .40 for 12 hours before reducing the mPaw
   - Begin reducing mPaw in increments of 1-2cmH2O every 8-12 hours
   - If acceptable oxygenation on a FiO2 of ≤ .40 with a mPaw ≤ 25cmH2O for 12 hours consider conventional ventilation
13. **CONVENTIONAL VENTILATOR SETTINGS** When the above goal is met,

**INITIAL SETTINGS**

- PIP titrated to achieve delivered TV of 6-8ml/kg
- Pplat < 35cmH2O
- I:E of 1:1
- PEEP – 12cmH2O mPaw should be 20cmH2O(±2 cmH2O)
- Rate 20-25/min
- ABG 1 hours after switching to PC
- Wean PEEP to 5cmH2O by increments of 1-2 every 2 hours keeping SpO2 > 92%