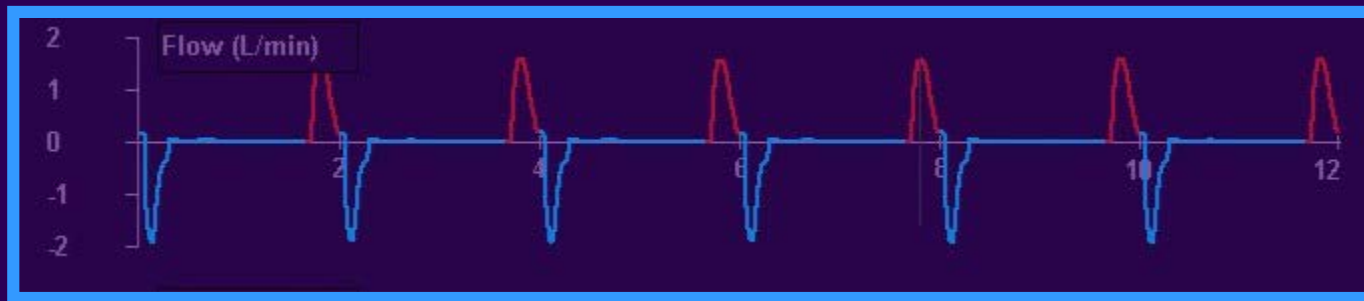


# Neonatal Pulmonary Graphics: Every Breath You Take...



**Steven M. Donn, MD**

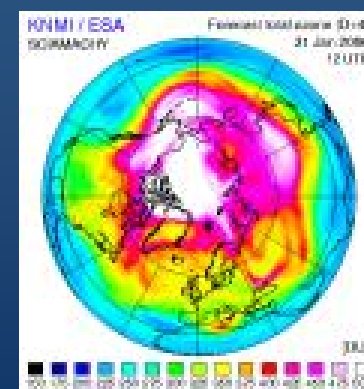
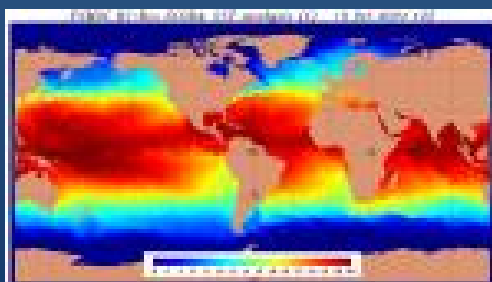
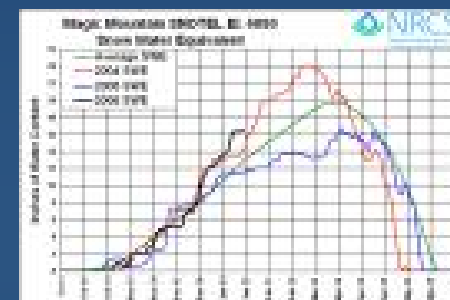
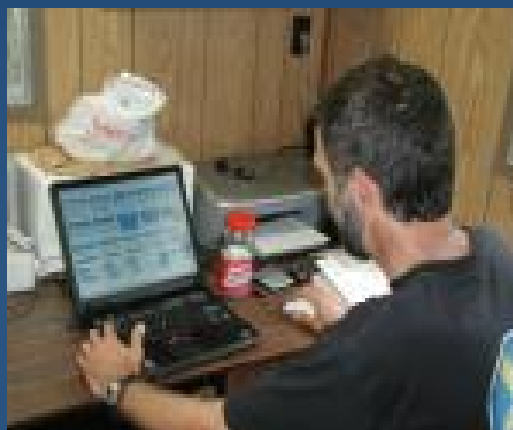
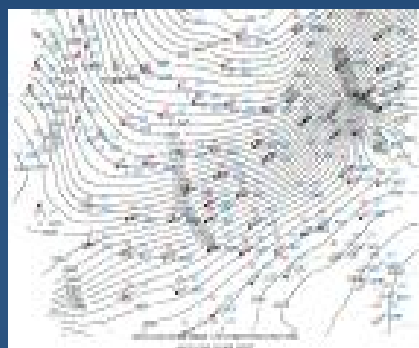
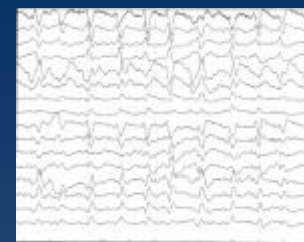
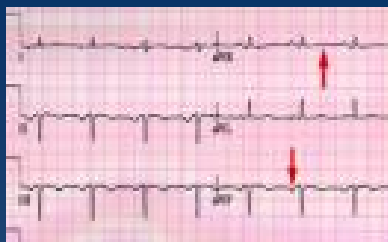
Professor of Pediatrics

Division of Neonatal-Perinatal Medicine

C.S. Mott Children's Hospital

University of Michigan Health System

# DATA





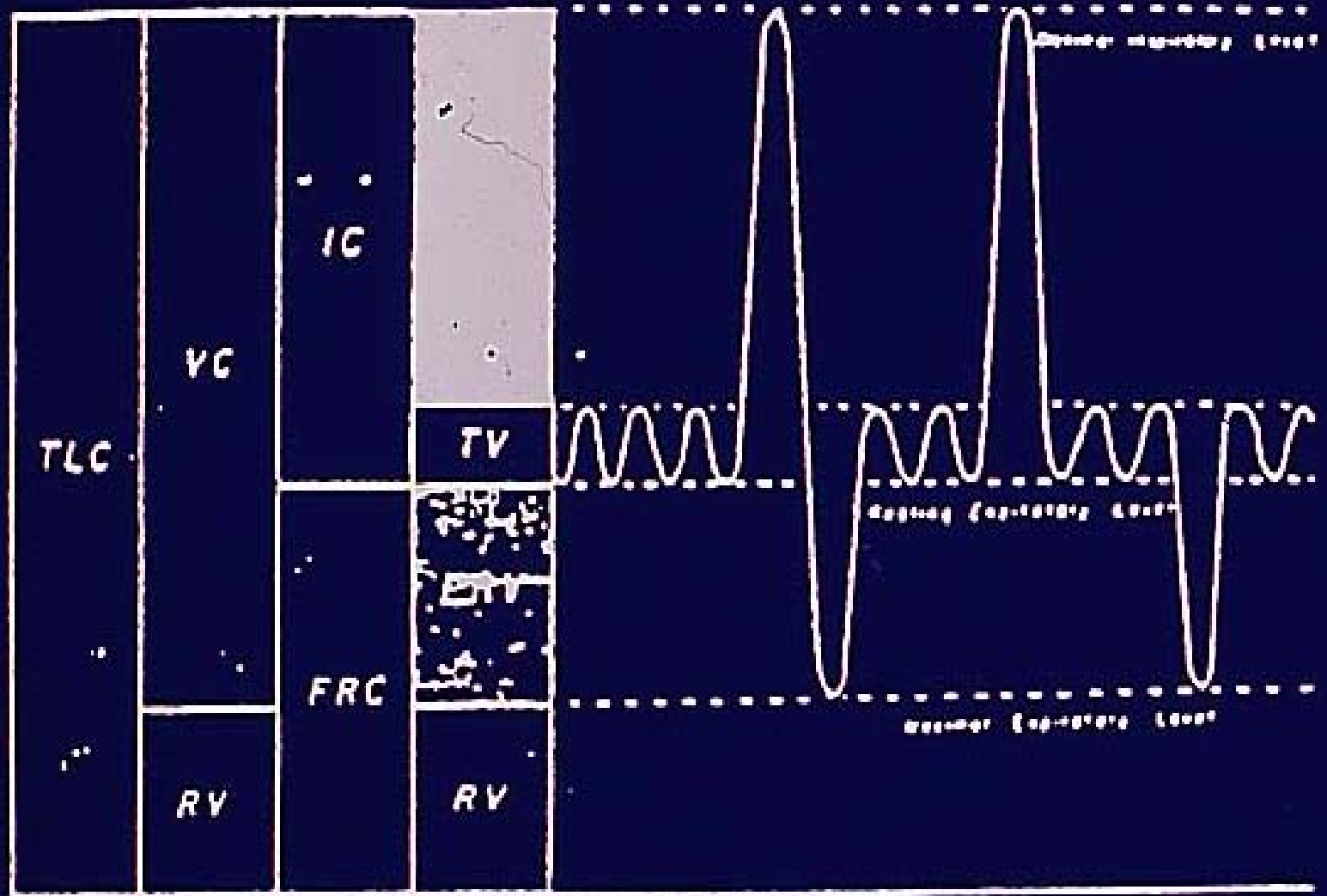
foro

- temple di A. Jovis
- temple di Mars Ultor
- temple di Saturnus
- basilica
- colonna di Traiano

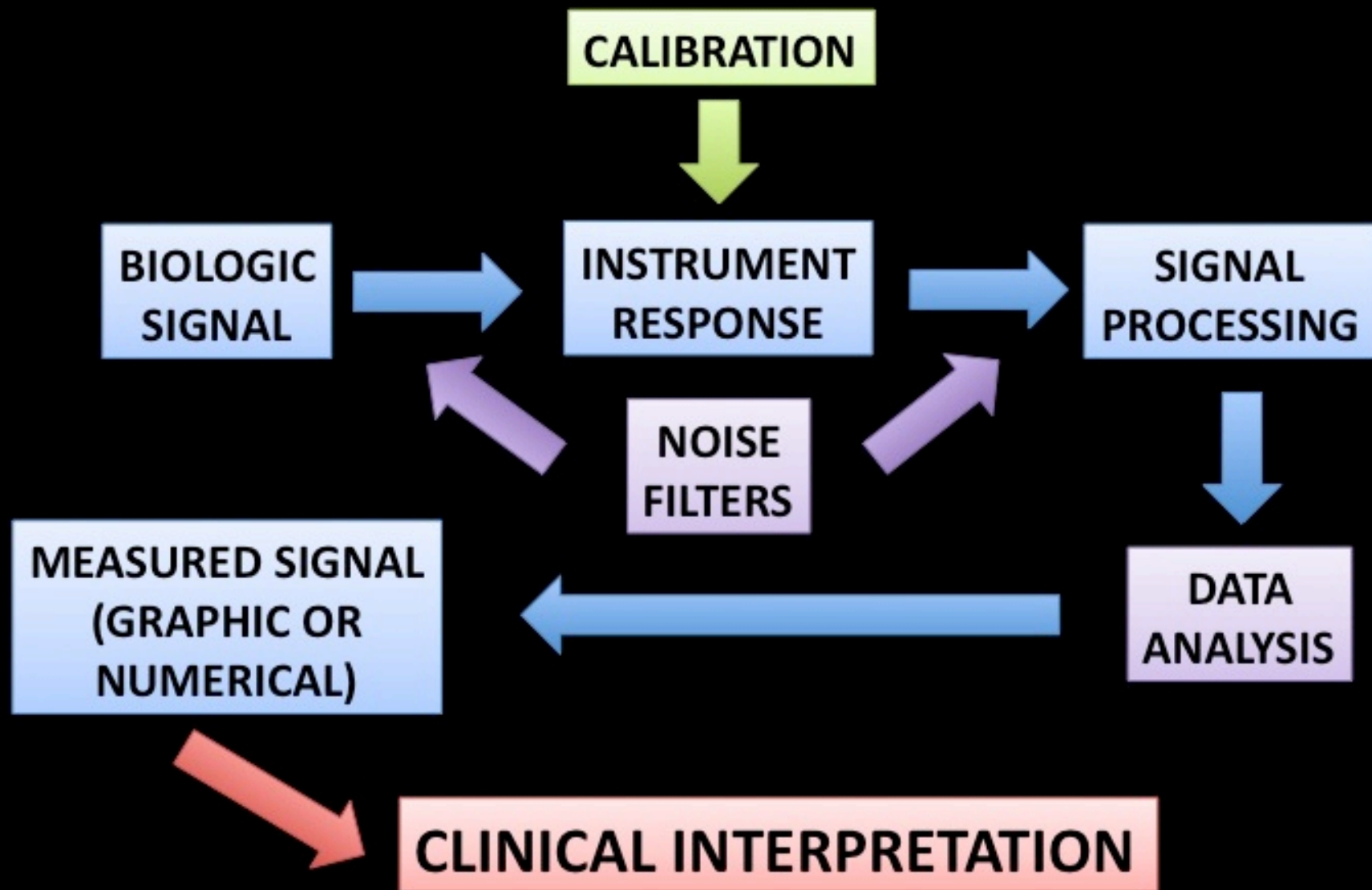
istoria →







Lung volumes

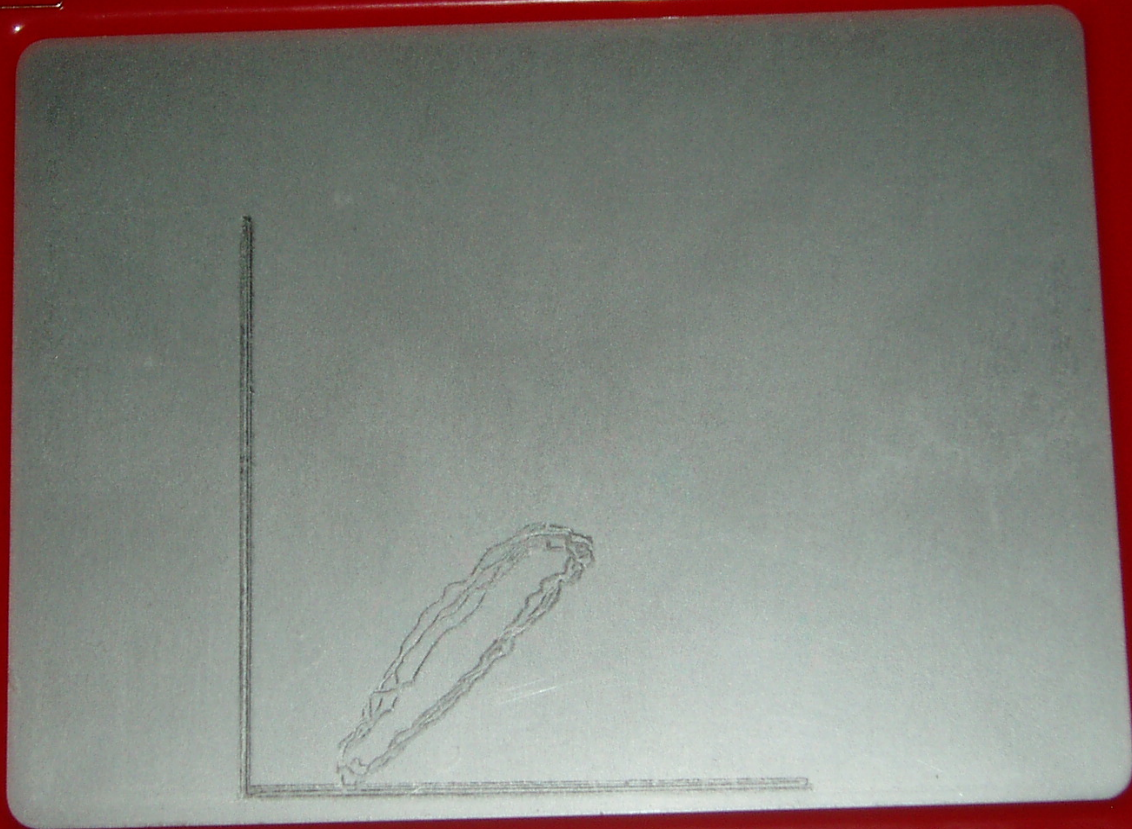








MAGIC *Etch A Sketch* SCREEN



Horizontal  
MOVEMENT  
WIND UP SCREEN

DONN'S GRAPHIC MONITOR



Vertical  
MOVEMENT



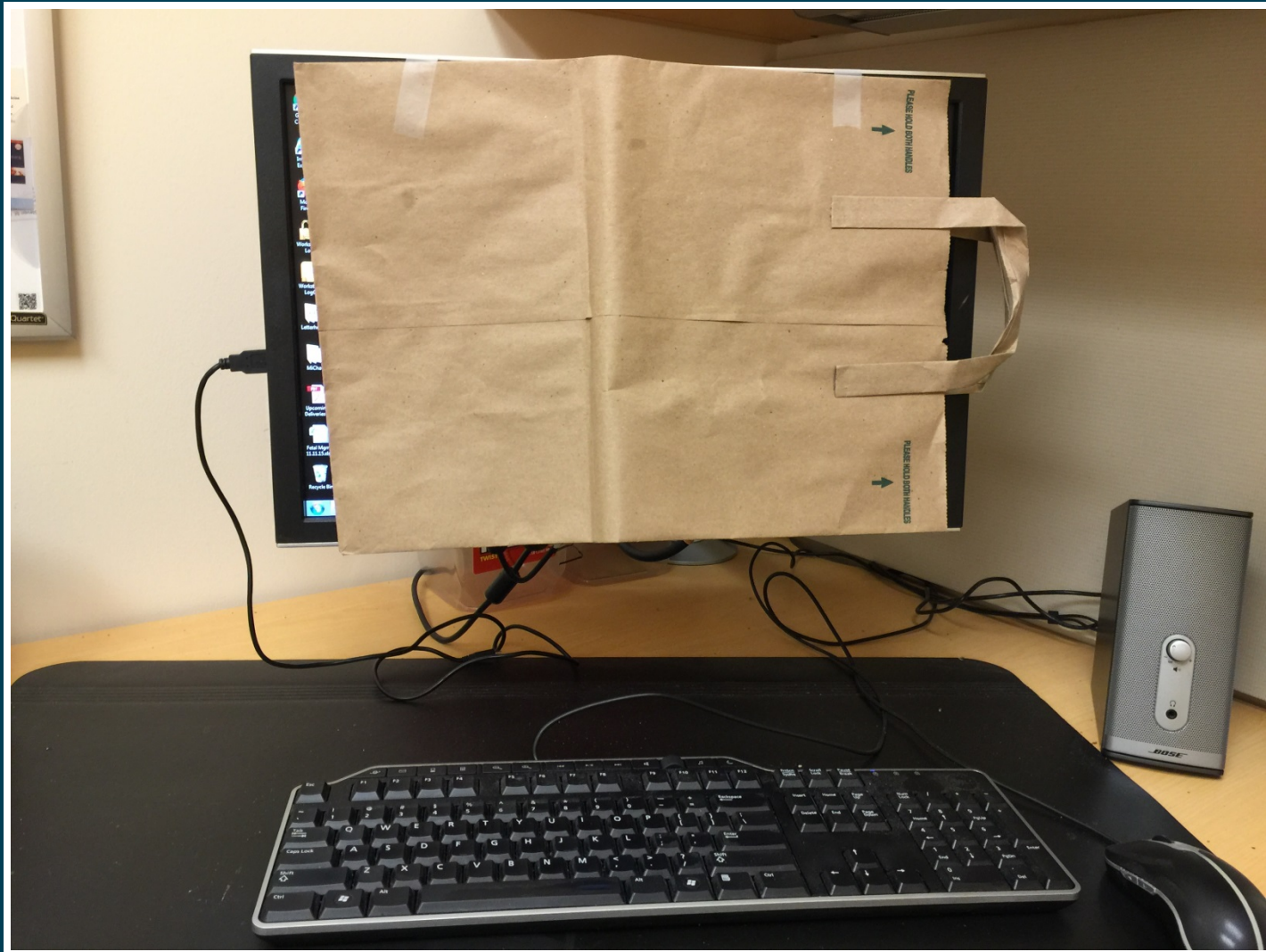
USE WITH CARE



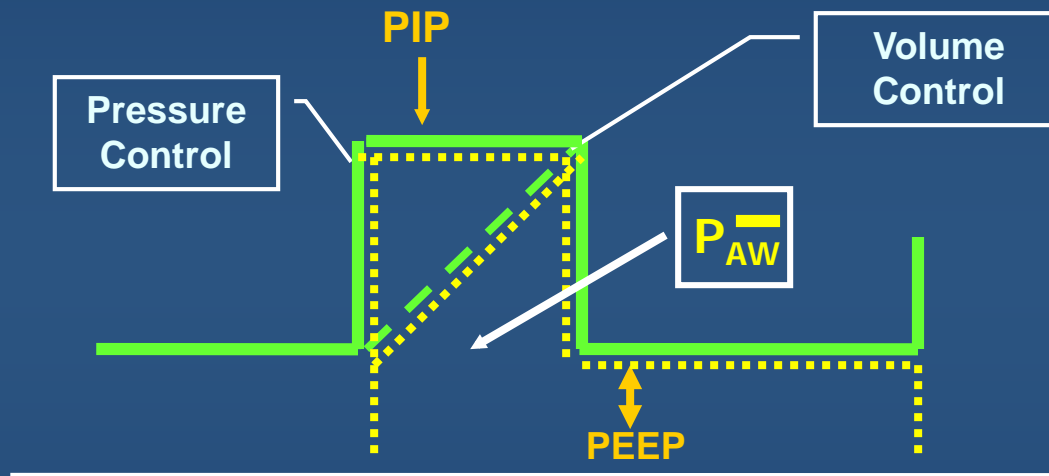
# The Importance of Graphics

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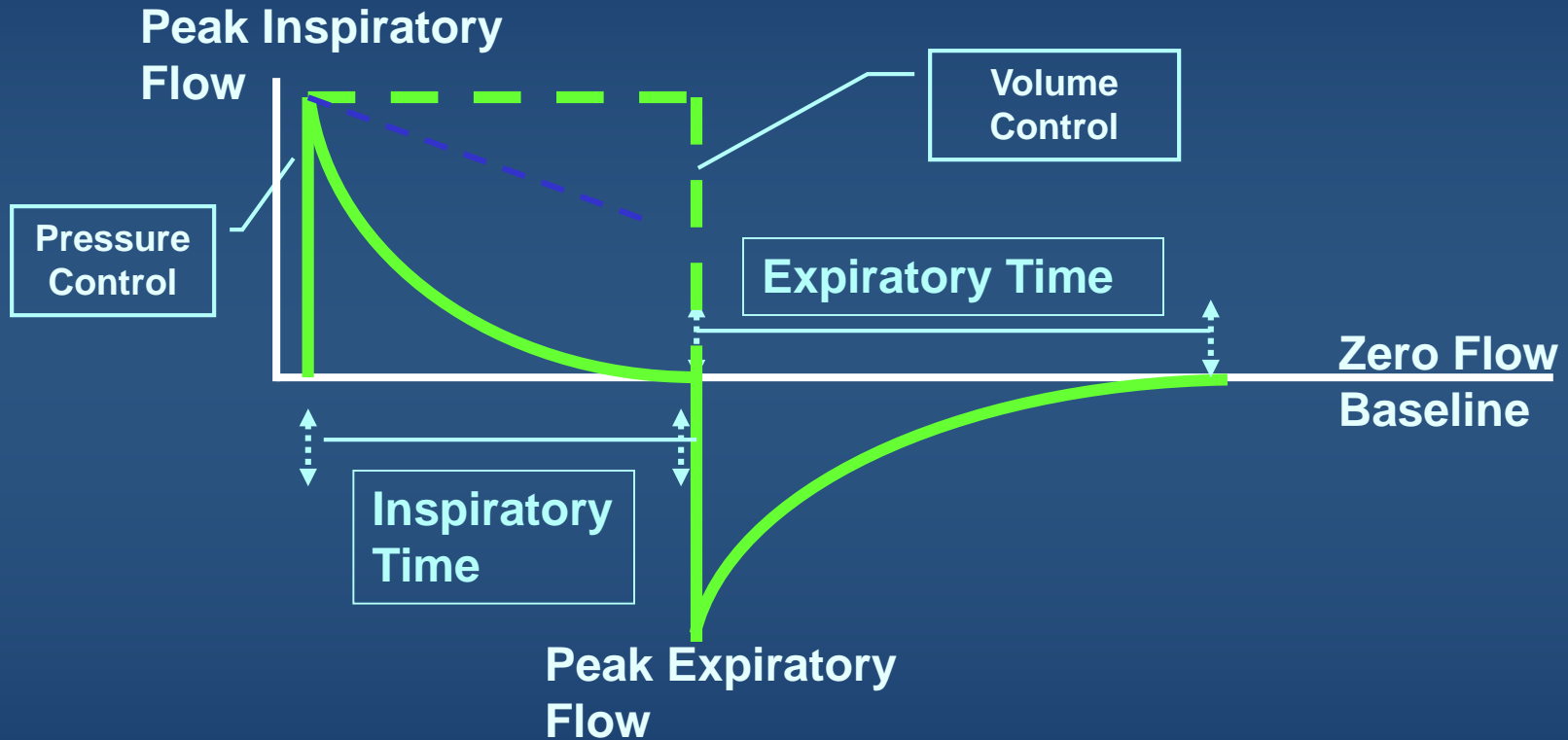


# Anatomy of a Pressure Waveform



- ✓ Volume Control Ventilation – Triangular Pressure Waveform
- ✓ Pressure Control Ventilation – Square Pressure Waveform

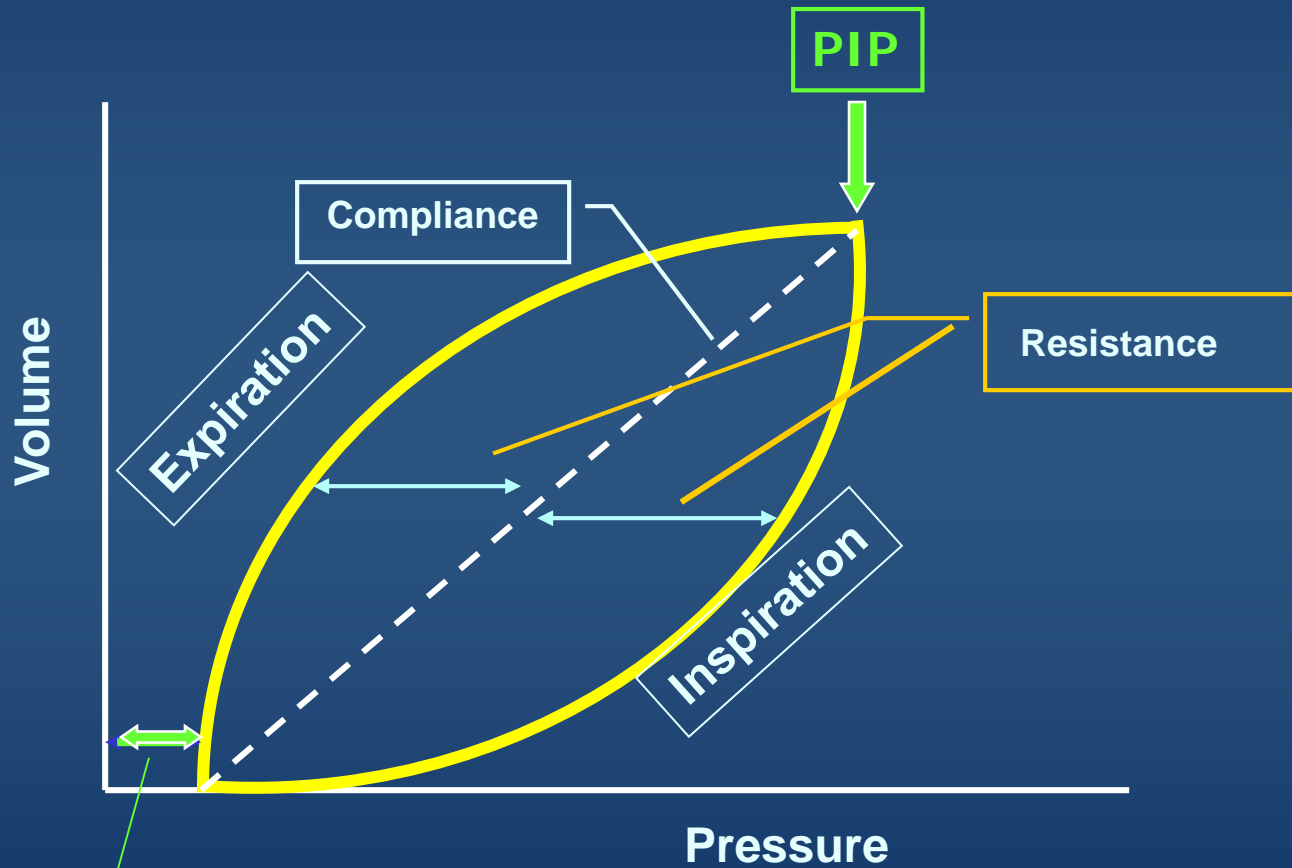
# Anatomy of a Flow Waveform



- ✓ **Volume Control Ventilation – Constant Square or Deceleration Flow**
- ✓ **Pressure Control Ventilation – Variable Decelerating Flow**



# Anatomy of a Pressure-Volume Loop



PEEP

PIP

Compliance

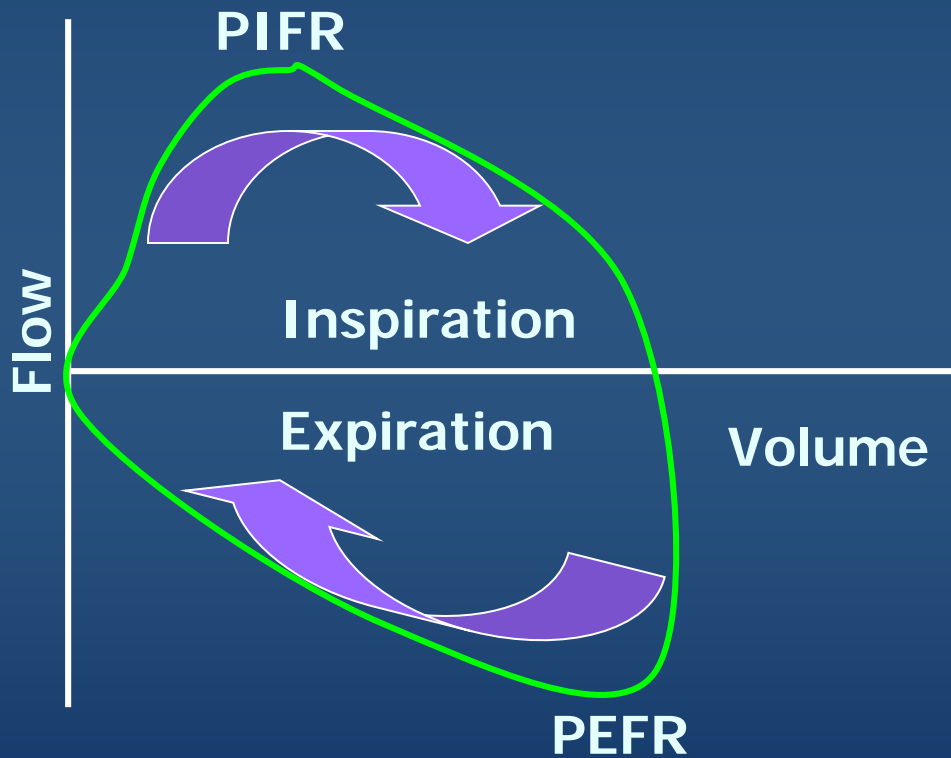
Expiration

Resistance

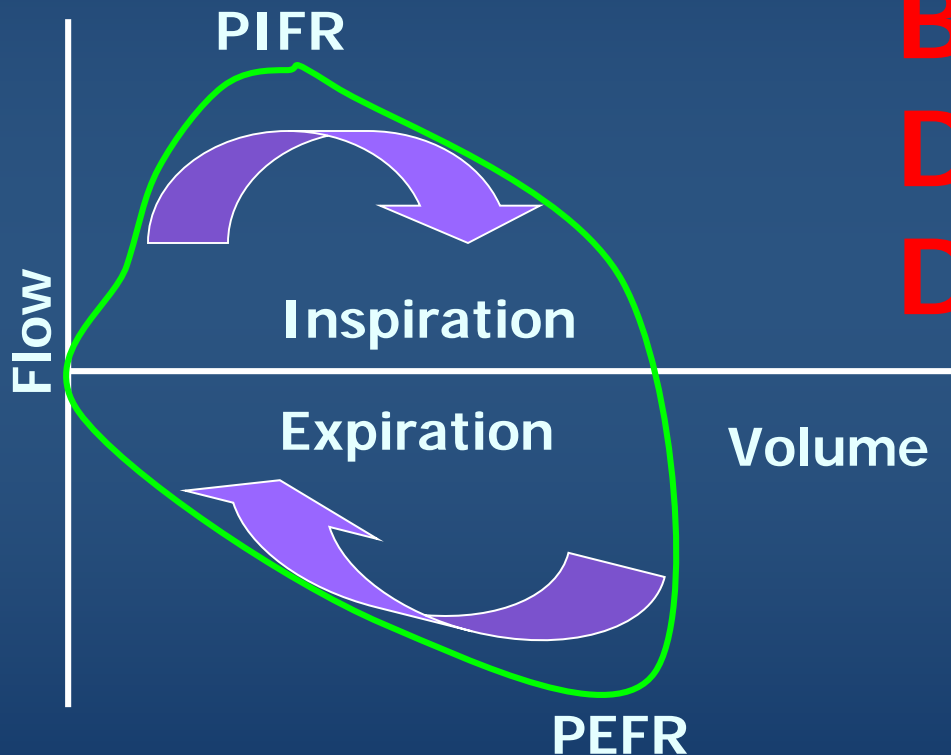
Inspiration

Pressure

# Anatomy of a Flow-Volume Loop



# Anatomy of a Flow-Volume Loop



**BEWARE OF  
DEVICE  
DIFFERENCES!**



# Effect of Pressure Changes

- ▶ **Oxygenation is proportional to mean  $P_{aw}$** 
  - PIP
  - PEEP
  - $T_i$
- ▶ **Ventilation is proportional to amplitude**
  - PIP – PEEP
  - $T_e$

# PRESSURE A/C

MAIN

20

cmH2O  
Ppeak

30

bpm  
Rate

20.4

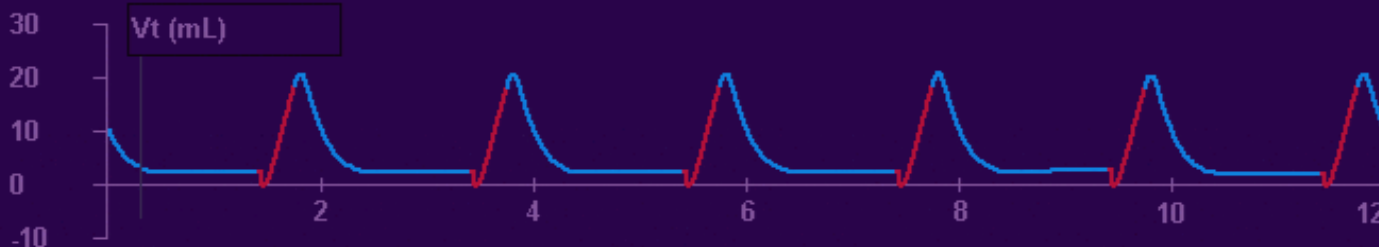
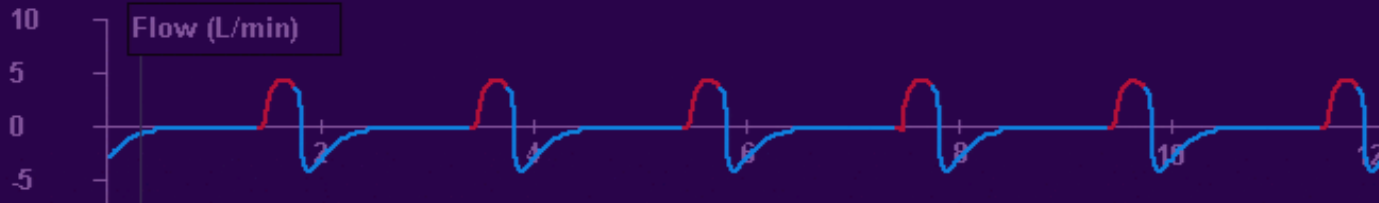
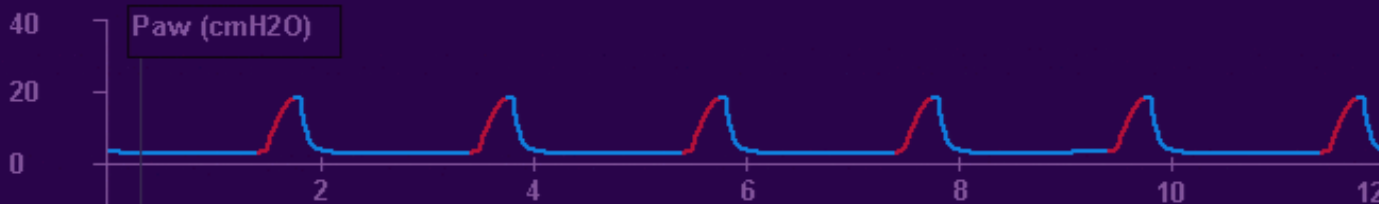
mL  
Vti

17.9

mL  
Vte

6.6

mL/kg  
Vti/kg



0.35 sec 1.65 sec  
1:4.7

# PRESSURE A/C

MAIN

30

cmH2O  
Ppeak

30

bpm  
Rate

30.4

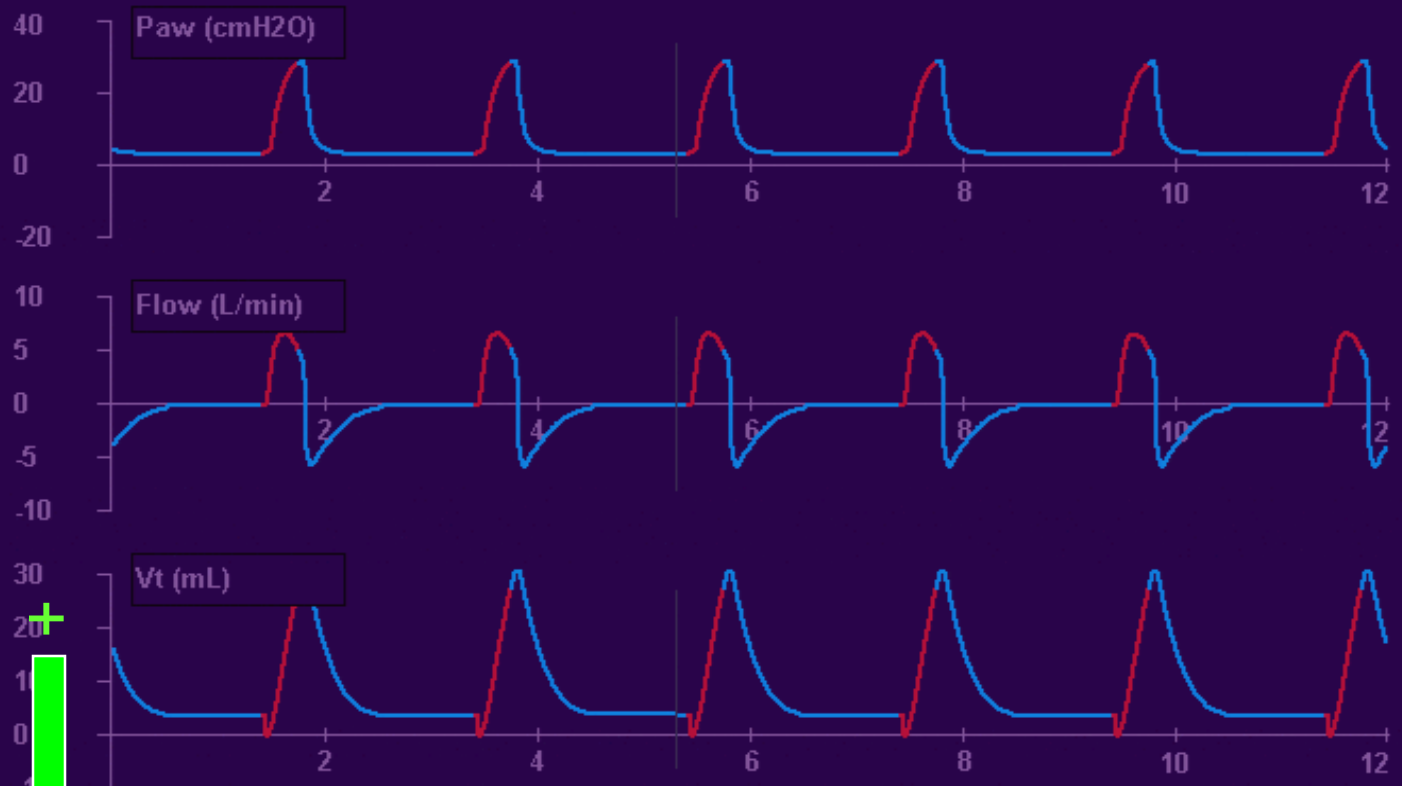
mL  
Vti

26.4

mL  
Vte

9.9

mL/kg  
Vti/kg



30  
bpm  
Rate

26  
cmH2O  
Insp Pres

0.35  
sec  
Insp Time

4  
cmH2O  
PEEP

0.5  
L/min  
Flow Trig

40  
%  
FiO2

0.35 sec 1.65 sec  
1:4.7



# PRESSURE A/C

MAIN

30

cmH2O  
Ppeak

30

bpm  
Rate

24.3

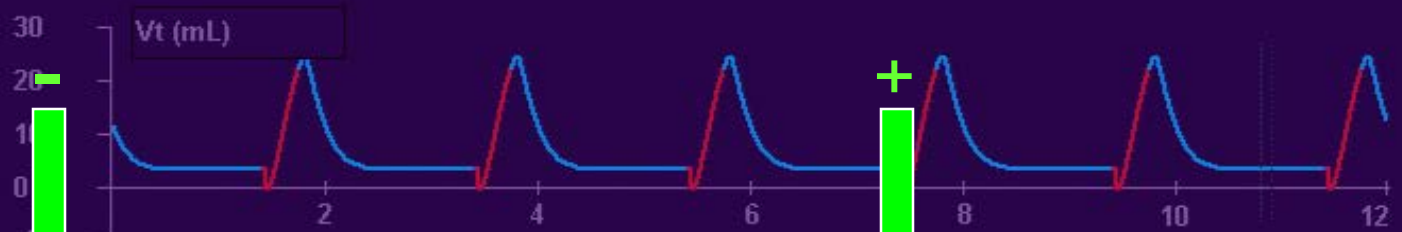
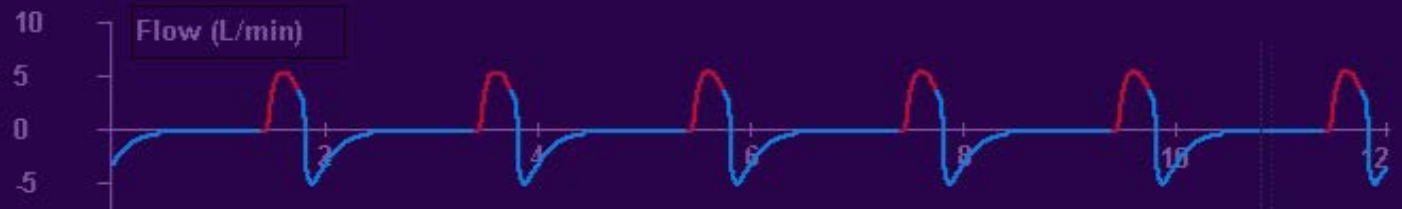
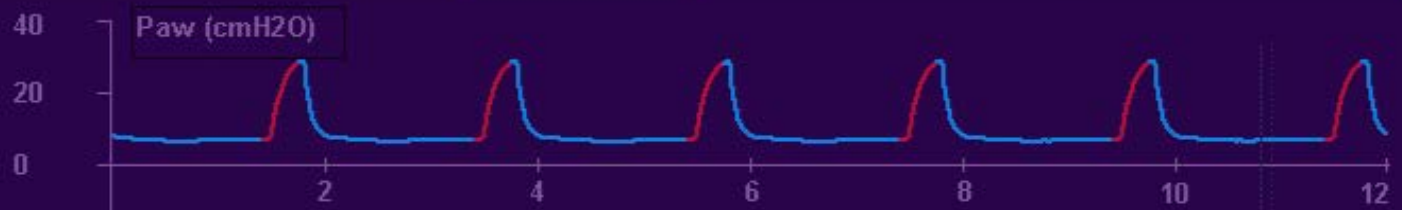
mL  
Vti

20.3

mL  
Vte

7.9

mL/kg  
Vti/kg



30  
bpm  
Rate

22  
cmH2O  
Insp Pres

0.35  
sec  
Insp Time

8  
cmH2O  
PEEP

0.5  
L/min  
Flow Trig

40  
%  
FiO2

0.35 sec 1.65 sec  
1:4.7

# PRESSURE A/C

MAIN

30

cmH2O  
Ppeak

30

bpm  
Rate

27.5

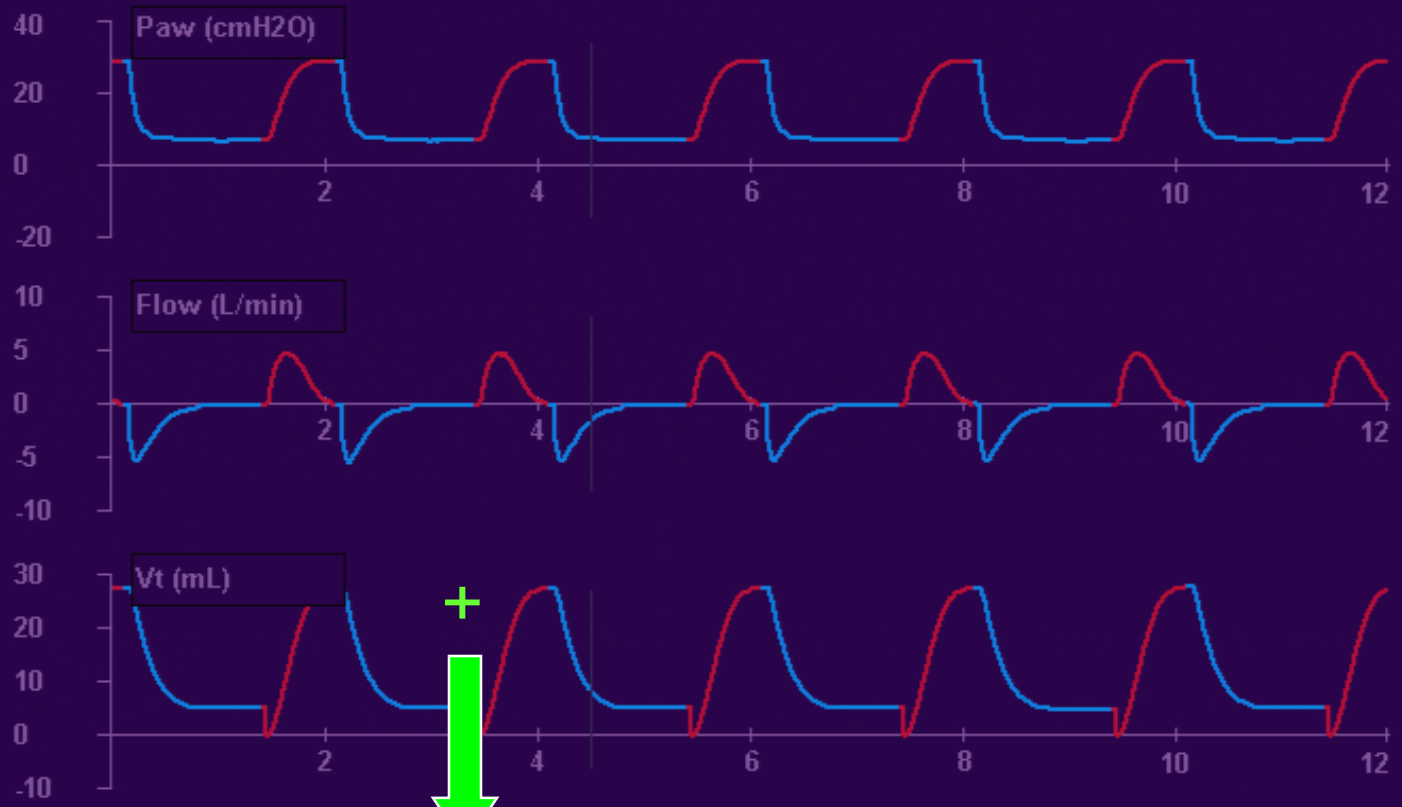
mL  
Vti

22.2

mL  
Vte

8.9

mL/kg  
Vti/kg



30  
bpm  
Rate

22  
cmH2O  
Insp Pres

0.70  
sec  
Insp Time

8  
cmH2O  
PEEP

0.5  
L/min  
Flow Trig

40  
%  
FiO2

0.70 sec 1.30 sec  
1:1.9

# PRESSURE A/C

MAIN

30

cmH2O  
Ppeak

41

bpm  
Rate

27.2

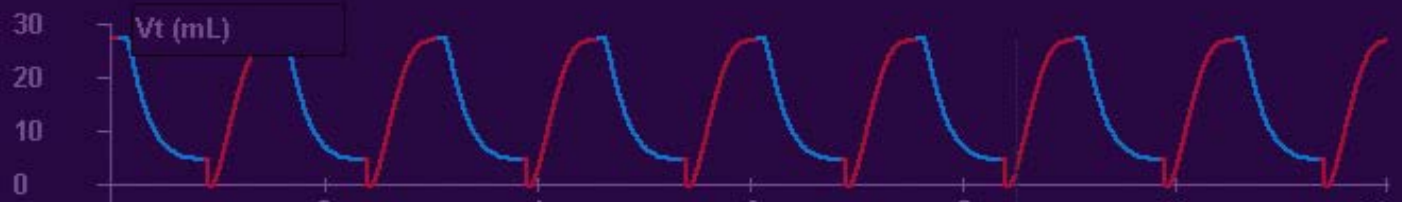
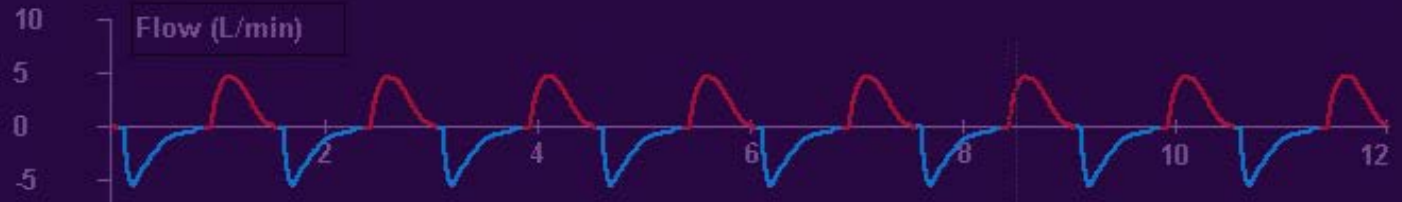
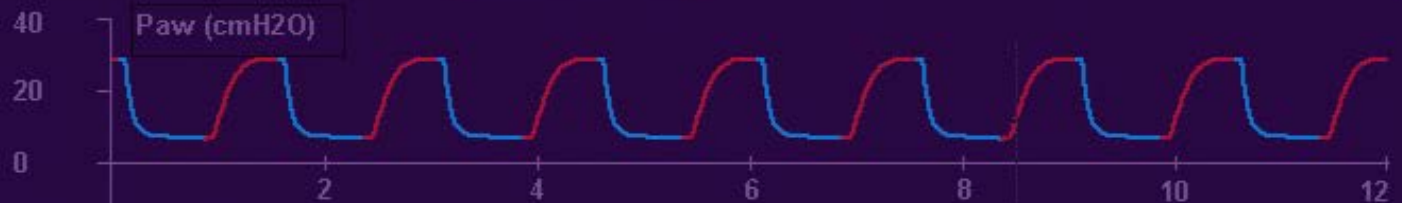
mL  
Vti

22.2

mL  
Vte

88

mmHg  
Vwkg



0.70 sec    0.80 sec  
1:1.1

# PRESSURE A/C

MAIN

24

cmH2O  
Ppeak

36

bpm  
Rate

25.1

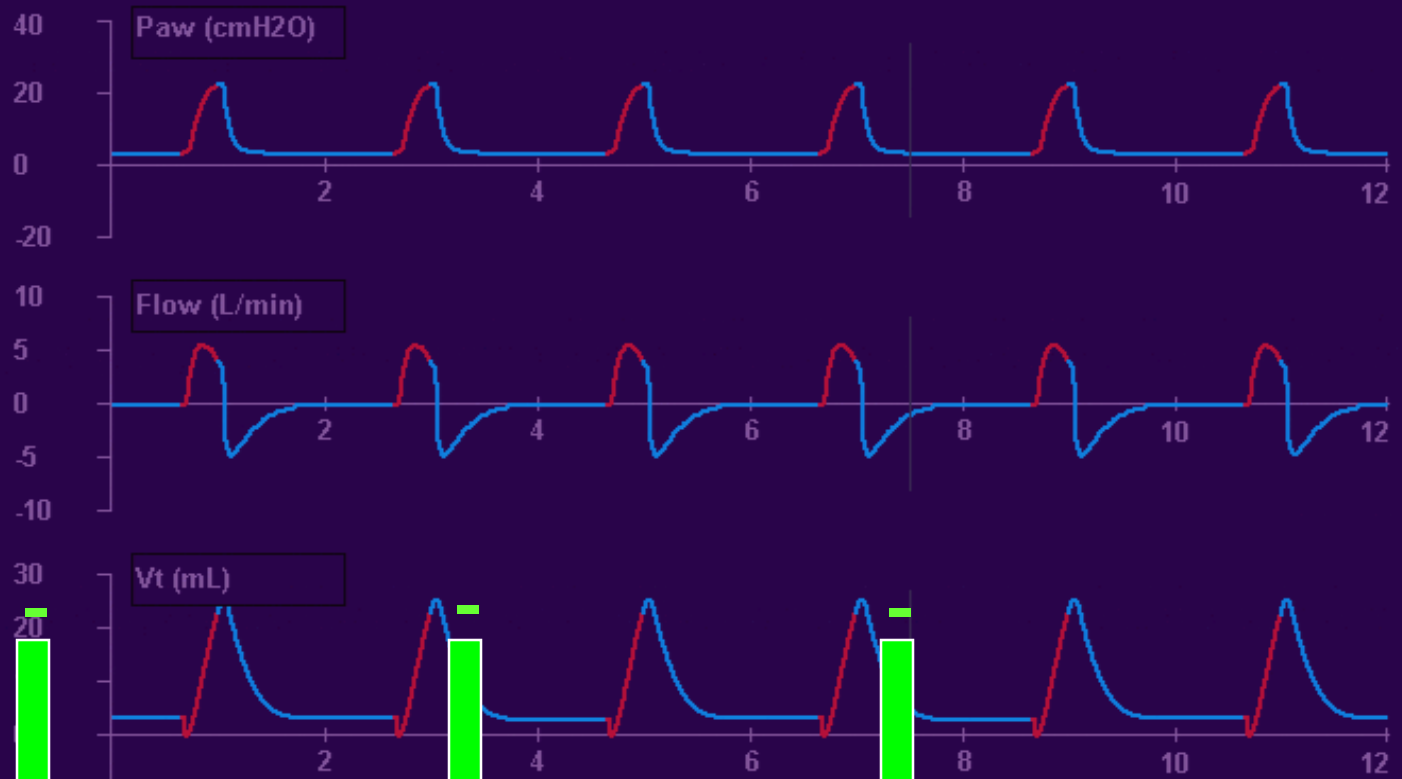
mL  
Vti

21.6

mL  
Vte

81

mmHg  
Vwkg



Control panel with five circular gauges:

- Rate:** -30 bpm
- Insp Pres:** 20 cmH2O
- Insp Time:** 0.35 sec
- PEEP:** 4 cmH2O
- Flow Trig:** 0.5 L/min
- FiO2:** 40%

0.35 sec      1.65 sec  
**1:4.7**

# PRESSURE A/C

MAIN

20

cmH2O  
Ppeak

30

bpm  
Rate

24.4

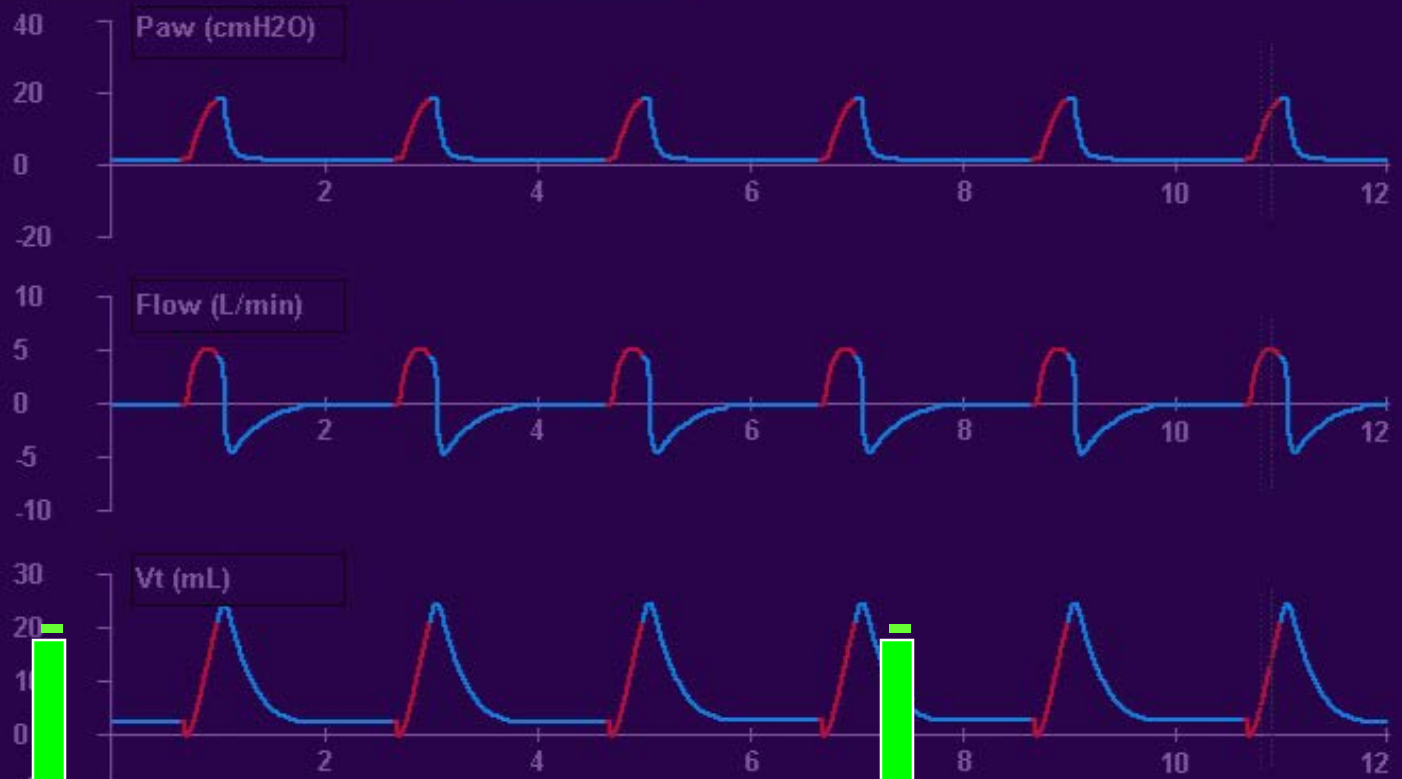
mL  
Vti

21.3

mL  
Vte

7.9

mL/kg  
Vti/kg



30  
bpm  
Rate

18  
cmH2O  
Insp Pres

0.35  
sec  
Insp Time

2  
cmH2O  
PEEP

0.5  
L/min  
Flow Trig

40  
%  
FiO2

0.35 sec    1.65 sec  
1:4.7



# Gas Trapping

- ▶ Expiratory flow waveform does not return to baseline
- ▶ No zero flow state at end expiration
- ▶ More gas enters than leaves
- ▶ Adjustments:
  - Decrease rate
  - Increase  $T_e$
  - Decrease flow
  - Consider increase in PEEP

# PRESSURE A/C

MAIN

22

cmH2O  
Ppeak

11.7

mL  
Vti

10.3

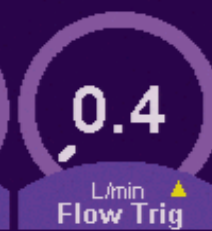
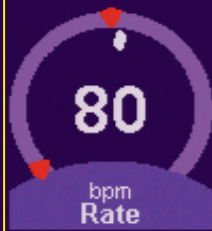
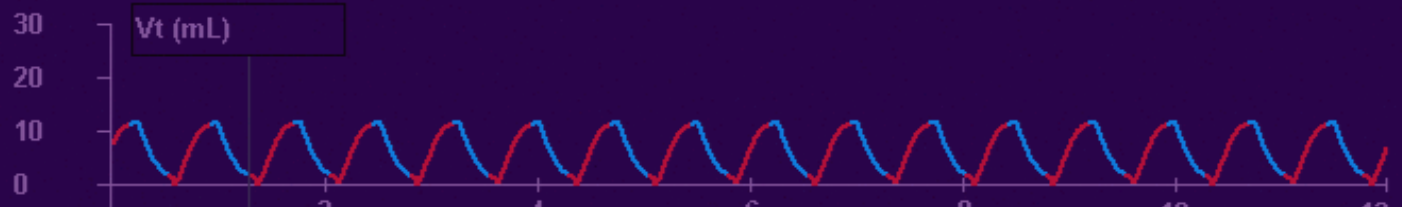
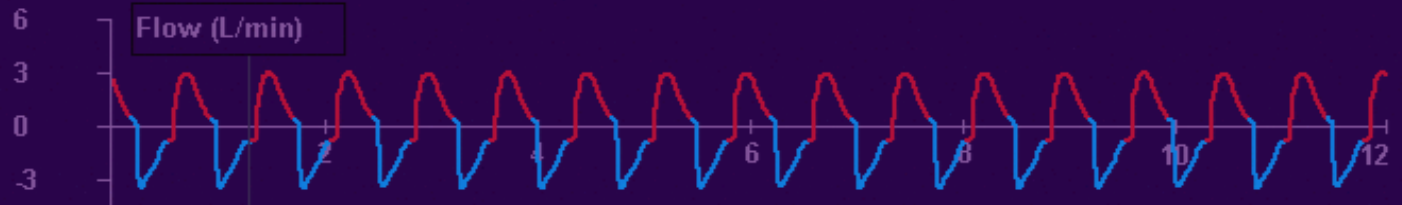
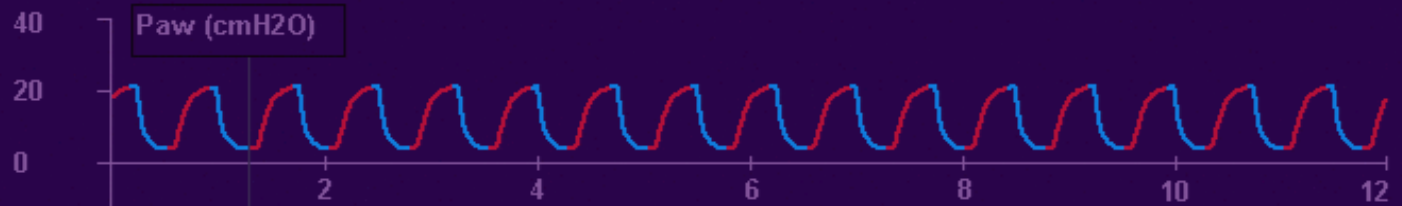
mL  
Vte

4.8

mL/kg  
Vti/kg

0.55

L  
Total Ve



# PRESSURE A/C

MAIN

22

cmH2O  
Ppeak

11.7

mL  
Vti

10.3

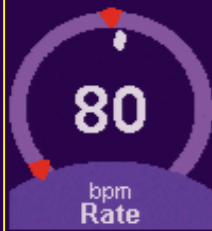
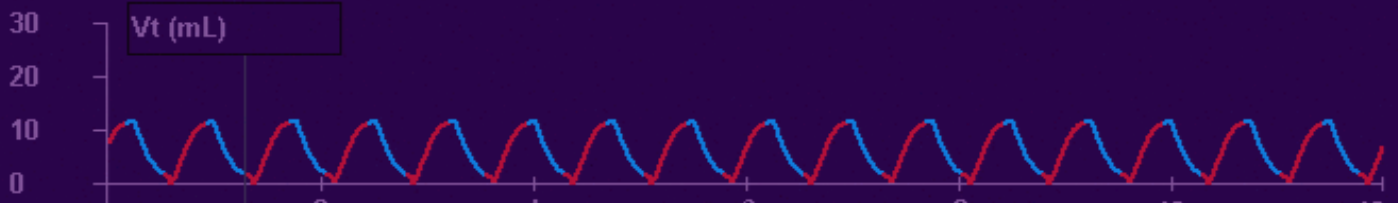
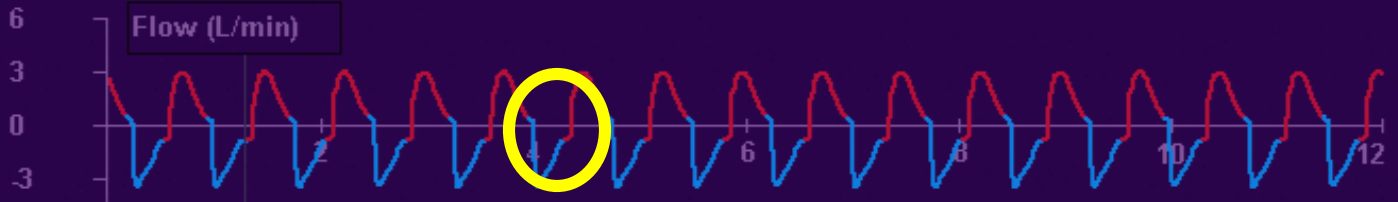
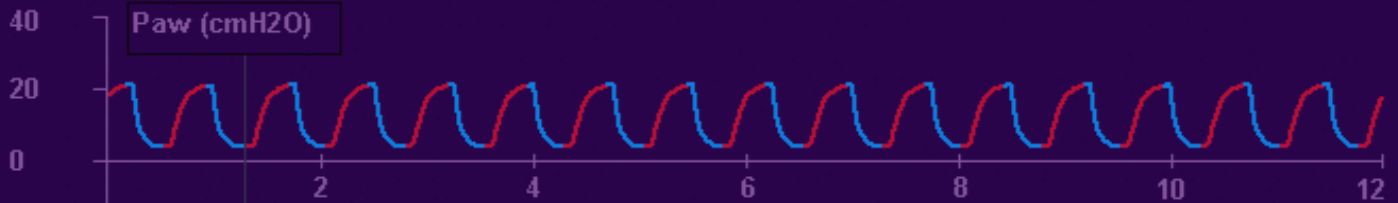
mL  
Vte

4.8

mL/kg  
Vti/kg

0.55

L  
Total Ve



0.40 sec    0.35 sec  
**1.1:1**

# Flow Delivery

- ▶ Gas flow during pressure-targeted ventilation generates a sinusoidal wave and in some devices adjusted by rise time
- ▶ Gas flow during volume-targeted ventilation generates a square wave and in some devices can be adjusted to decelerate

# PRESSURE A/C

MAIN

20

cmH2O  
Ppeak

30

bpm  
Rate

4.8

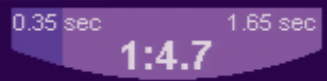
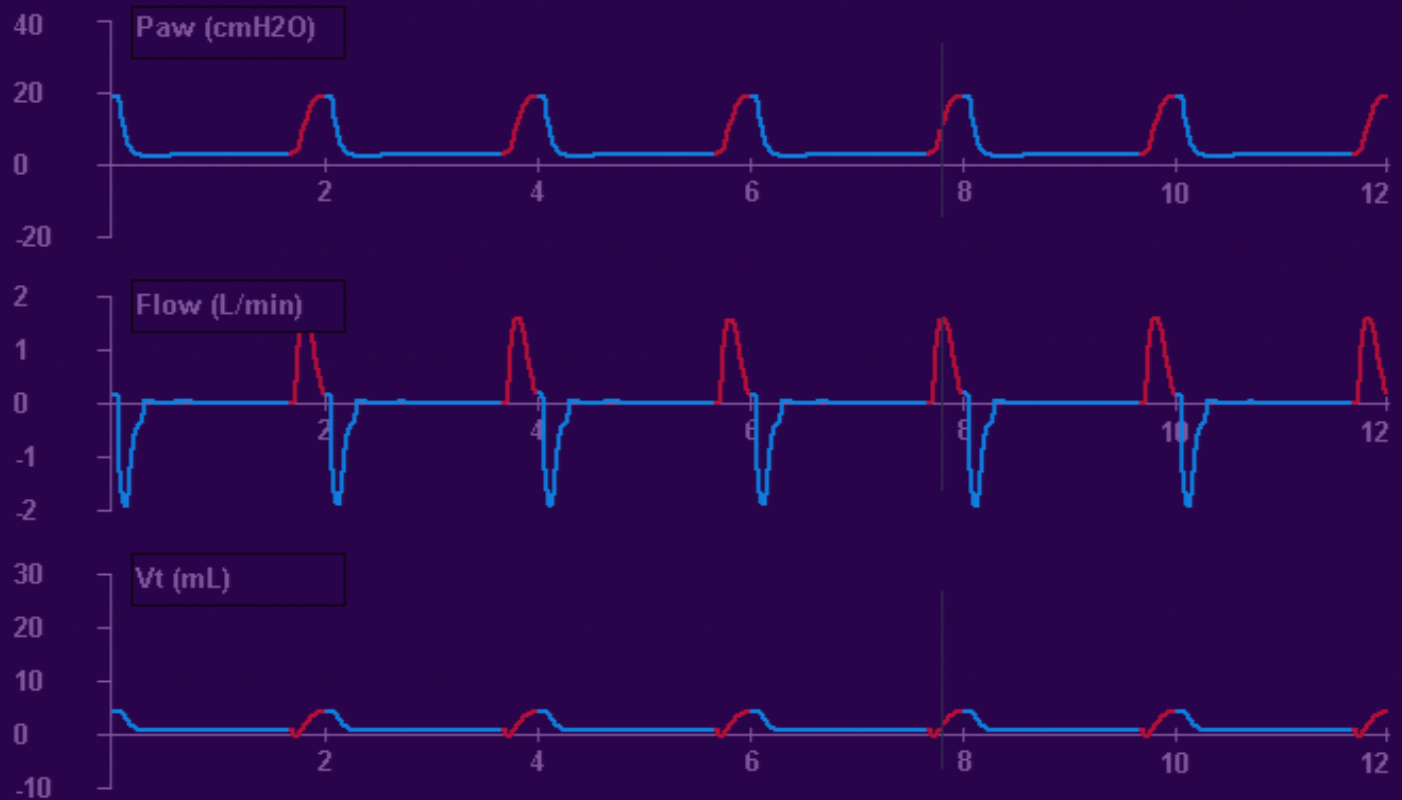
mL  
Vti

3.6

mL  
Vte

1.5

mL/kg  
Vti/kg





# VOLUME A/C

MAIN

22

cmH2O  
Ppeak

30

bpm  
Rate

5.6

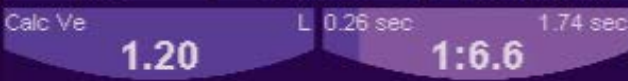
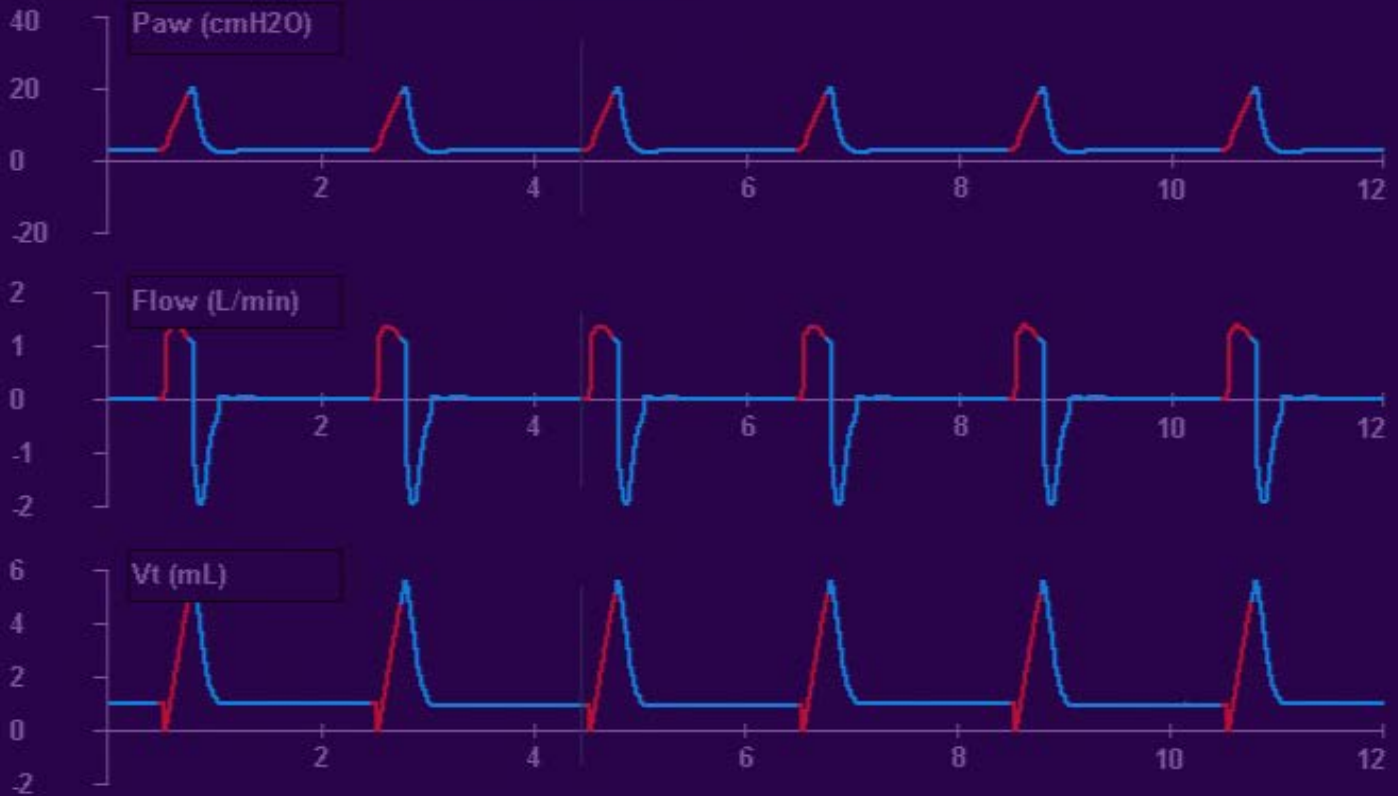
mL  
Vti

4.4

mL  
Vte

1.8

mL/kg  
Vti/kg



# VOLUME A/C

MAIN

20

cmH2O  
Ppeak

30

bpm  
Rate

5.4

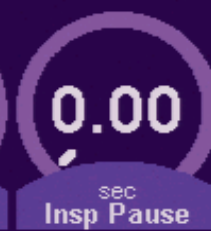
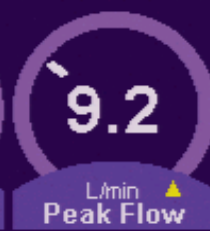
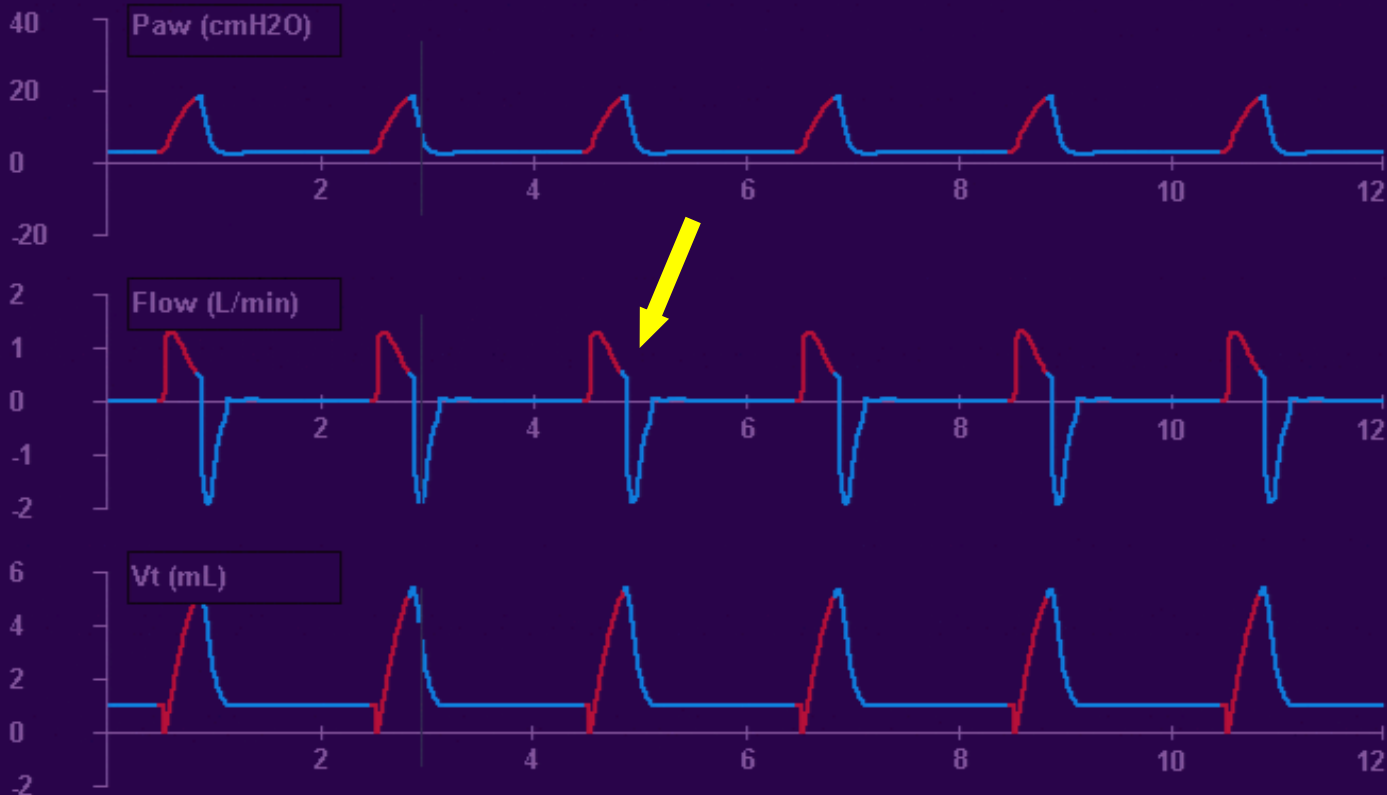
mL  
Vti

4.2

mL  
Vte

1.8

mL/kg  
Vti/kg



Calc Ve 1.20 L 0.35 sec 1.65 sec  
1:4.7

# Elevated Resistance

- ▶ Diminished inspiratory and expiratory flow rates
- ▶ Note decreased peak flows
- ▶ P-V loop also shows some degree of hyperinflation

TCPL A/C

LOOPS

# Tracheomalacia

31

bpm  
Rate

21

cmH2O  
Ppeak

13.1

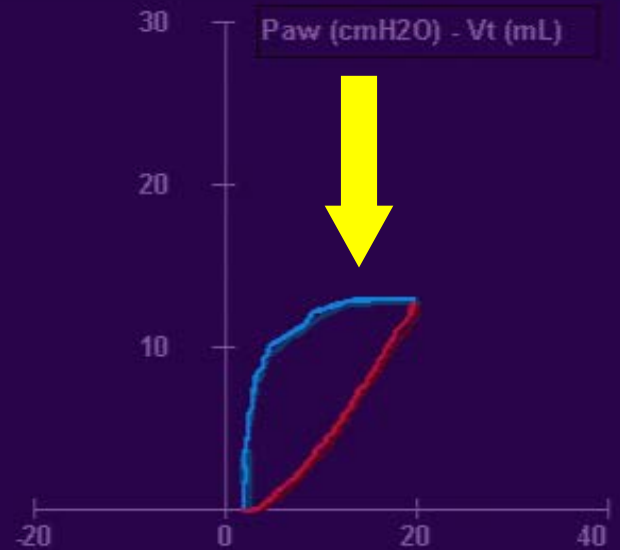
mL  
Vti

4.2

mL/kg  
Vti/kg

36

%  
FiO2



30	25	8.0	0.40	2	20.0	40
bpm Rate	cmH2O Insp Pres	L/min Peak Flow	sec Insp Time	cmH2O PEEP	L/min Flow Trig	% FiO2
0.40 sec		1.60 sec				
1:4.0						

# PRESSURE A/C

## LOOPS

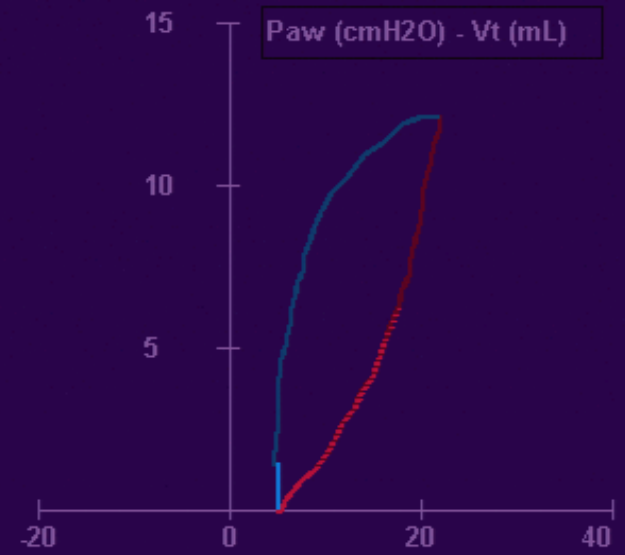
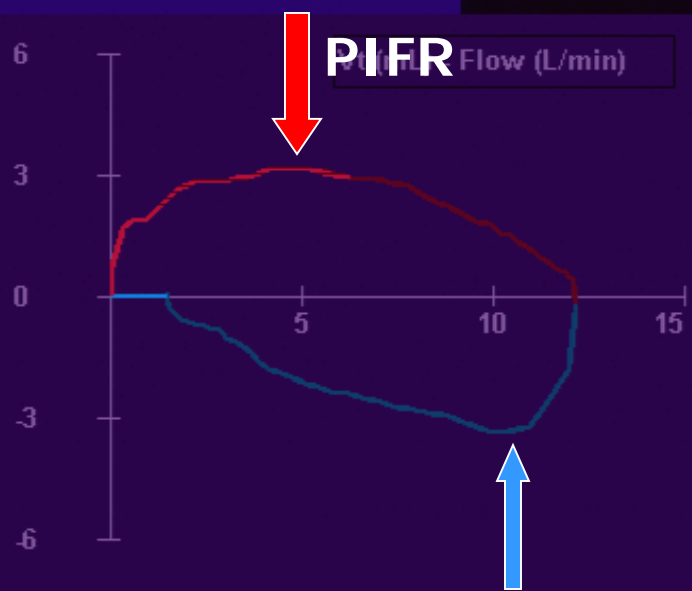
**22**  
cmH2O  
Ppeak

**12.3**  
mL  
Vti

**10.8**  
mL  
Vte

**5.1**  
mL/kg  
Vti/kg

**0.63**  
mL/cmH2O  
Cdyn



**-30**  
bpm  
Rate

**17**  
cmH2O  
Insp Pres

**0.40**  
sec  
Insp Time

**5**  
cmH2O  
PEEP

**0.4**  
L/min  
Flow Trig

**21**  
%  
FiO2

0.40 sec    1.60 sec  
**1:4.0**



# Air Hunger

- ▶ Inadequate hysteresis
- ▶ Little separation between inflation and deflation limbs of P-V loop
- ▶ “Figure Eight” appearance at end-inspiration
- ▶ Adjustments:
  - Inspiratory flow
  - Rise time
  - $T_i$

# PRESSURE A/C

## LOOPS

24

cmH2O  
Ppeak

9.2

mL  
Vti

7.6

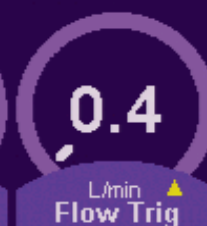
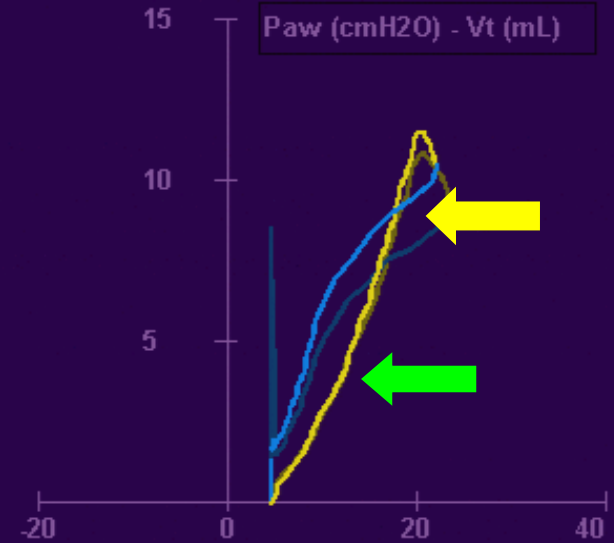
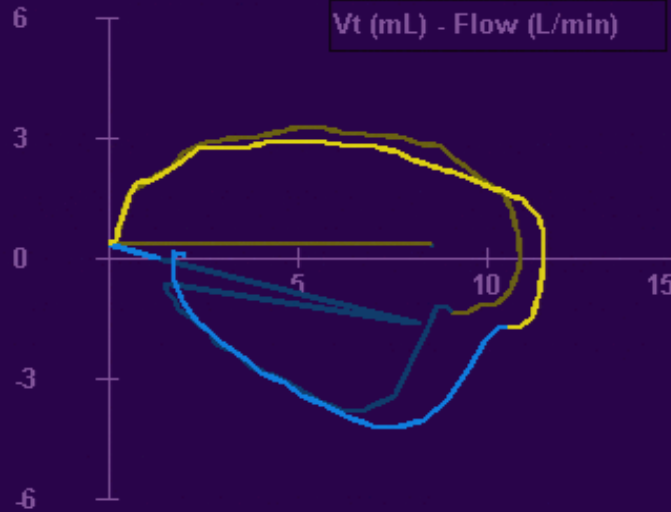
mL  
Vte

3.8

mL/kg  
Vti/kg

16

%  
Leak



0.40 sec 1.60 sec  
1:4.0

# Response to Bronchodilator

- ▶ Improved lung mechanics
- ▶ Increased PIFR and PEFr without changing ventilator settings
- ▶ Objective evaluation of a therapy with a narrow therapeutic index

# PRESSURE A/C

# LOOPS

# Bronchospasm

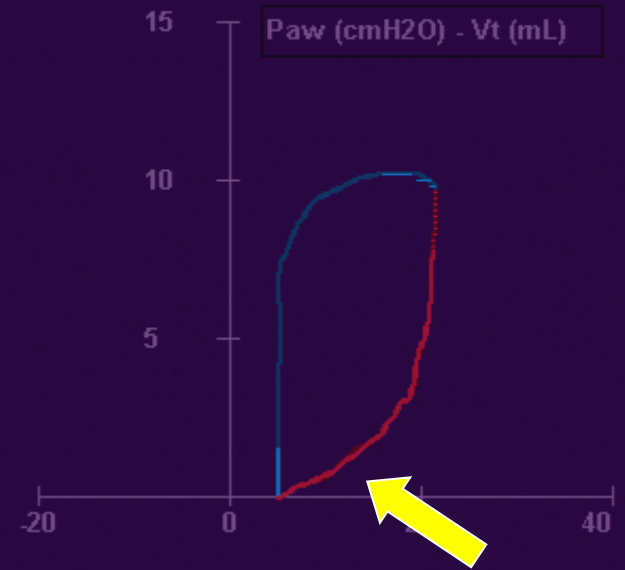
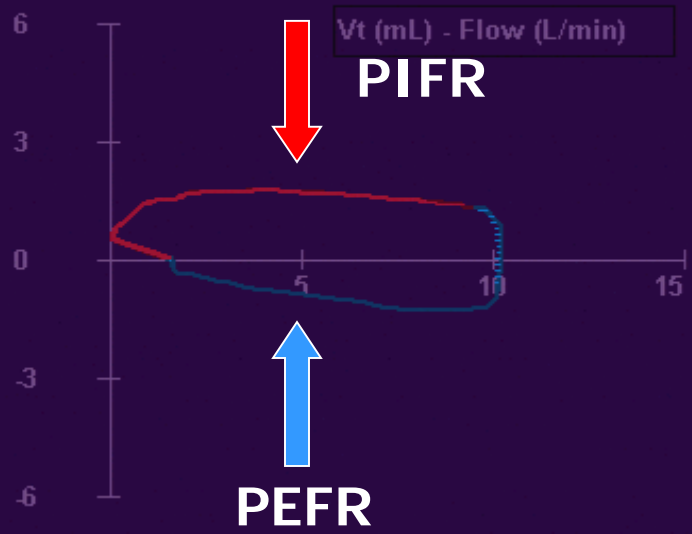
**22**  
cmH2O  
Ppeak

**10.3**  
mL  
Vti

**8.7**  
mL  
Vte

**4.3**  
mL/kg  
Vti/kg

**15**  
%  
Leak



**30**  
bpm  
Rate

**17**  
cmH2O  
Insp Pres

**0.40**  
sec  
Insp Time

**5**  
cmH2O  
PEEP

**0.4**  
L/min  
Flow Trig

**21**  
%  
FiO2

0.40 sec 1.60 sec  
**1:4.0**

# PRESSURE A/C

## LOOPS

22

cmH2O  
Ppeak

13.6

mL  
Vti

12.3

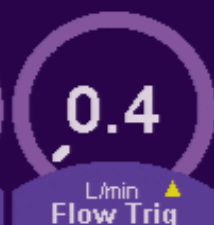
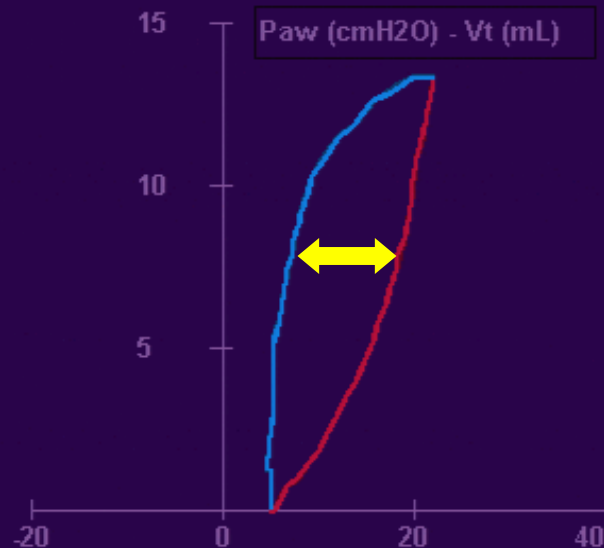
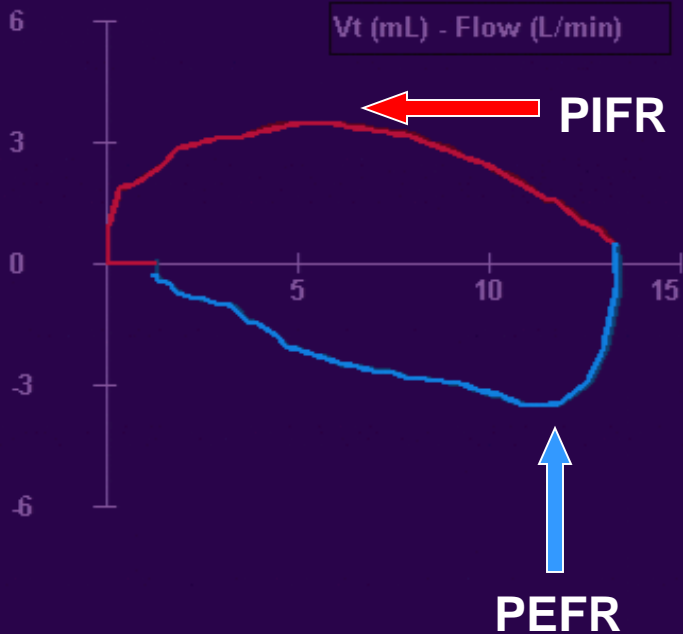
mL  
Vte

5.6

mL/kg  
Vti/kg

9

%  
Leak



0.40 sec 1.60 sec  
1:4.0



# Increased Expiratory Resistance

- ▶ Prolonged time for decelerating expiratory waveform to reach baseline
- ▶ Adjustments:
  - Increase PEEP (stent airways)
  - Adjust cycle time ( $\downarrow T_i$  or  $\uparrow T_e$ )
  - Bronchodilator

# PRESSURE A/C

MAIN

22

cmH2O  
Ppeak

10.4

mL  
Vti

8.7

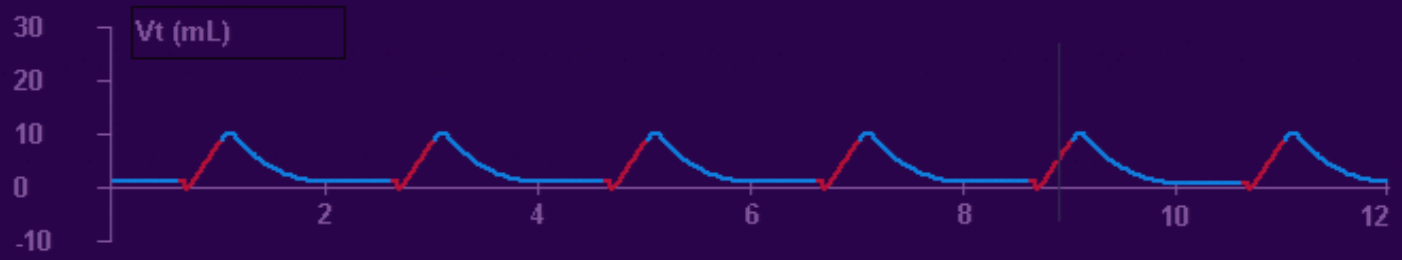
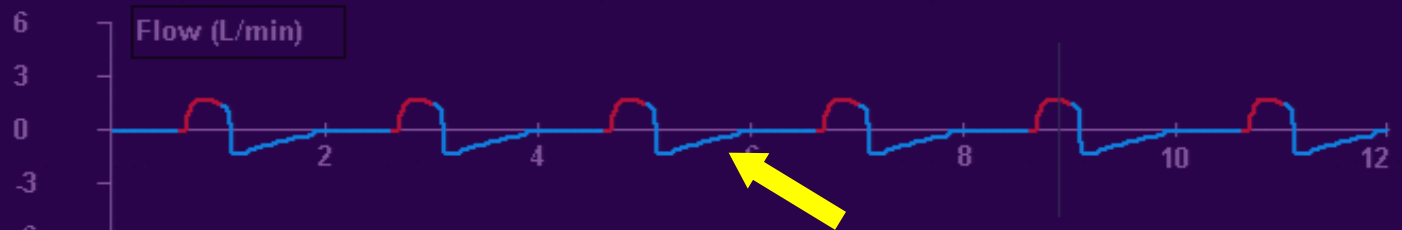
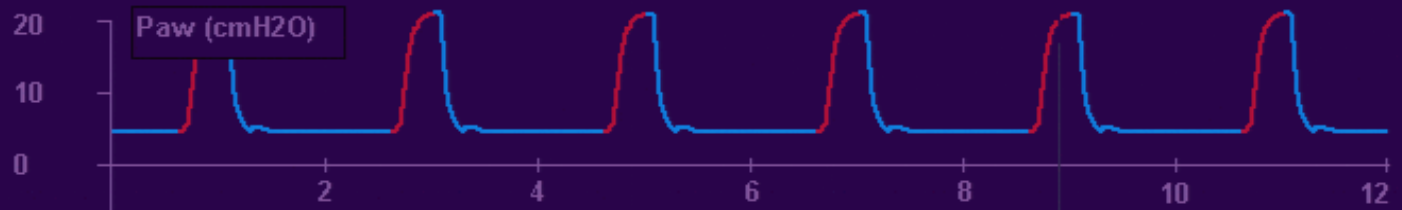
mL  
Vte

4.3

mL/kg  
Vti/kg

30

bpm  
Rate



0.40 sec 1.60 sec  
1:4.0

# Large ET Tube Leak

- ▶ Flow-volume loop does not reach origin
- ▶ Pressure-volume loop fails to close
- ▶ Tidal volume waveform does not reach baseline at end-expiration
- ▶ Adjustments:
  - Change position
  - Consider larger tube

# PRESSURE A/C

## LOOPS

22

cmH2O  
Ppeak

12.9

mL  
Vti

2.5

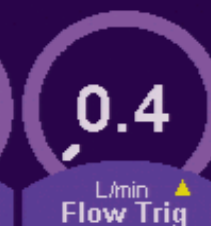
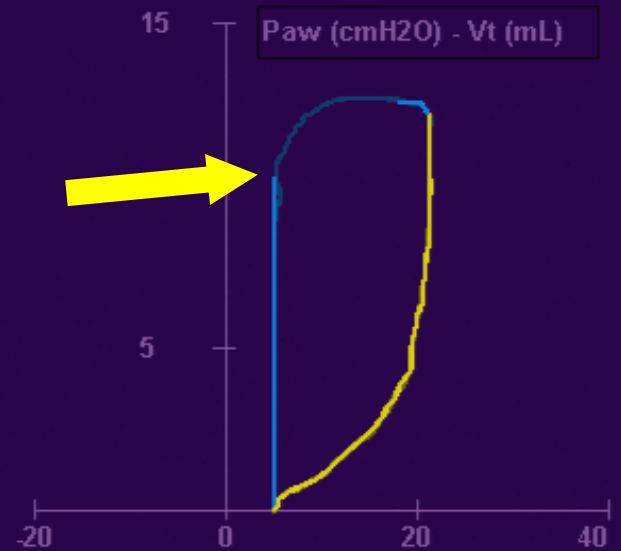
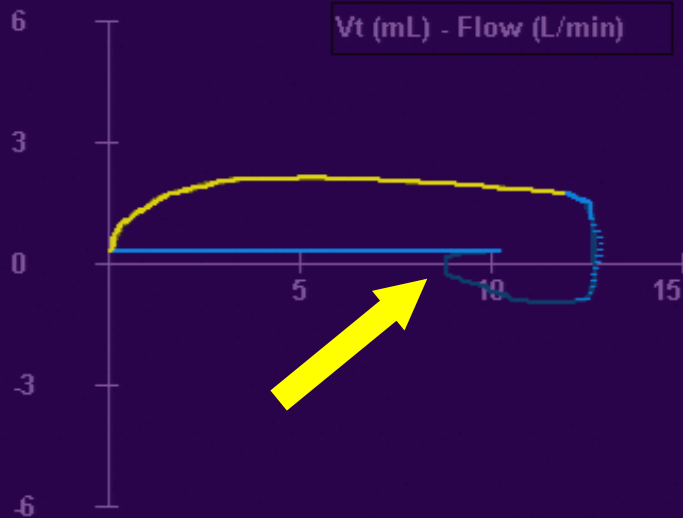
mL  
Vte

5.3

mL/kg  
Vti/kg

80

%  
Leak



0.40 sec 1.60 sec  
1:4.0

# Auto-Cycling

- ▶ Trigger misreads a flow leak as patient effort and initiates a mechanical breath
- ▶ This results in rhythmic breaths without a pause
- ▶ May also be caused by excessive condensation in circuit resulting in flow changes
- ▶ Adjustments:
  - Stop leak
  - Remove rain-out and avoid recurrence
  - Increase trigger sensitivity above measured leak



# PRESSURE A/C

MAIN

# HIGH RATE

22

cmH2O  
Ppeak

12.2

mL  
Vti

1.4

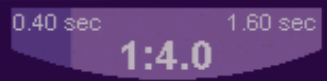
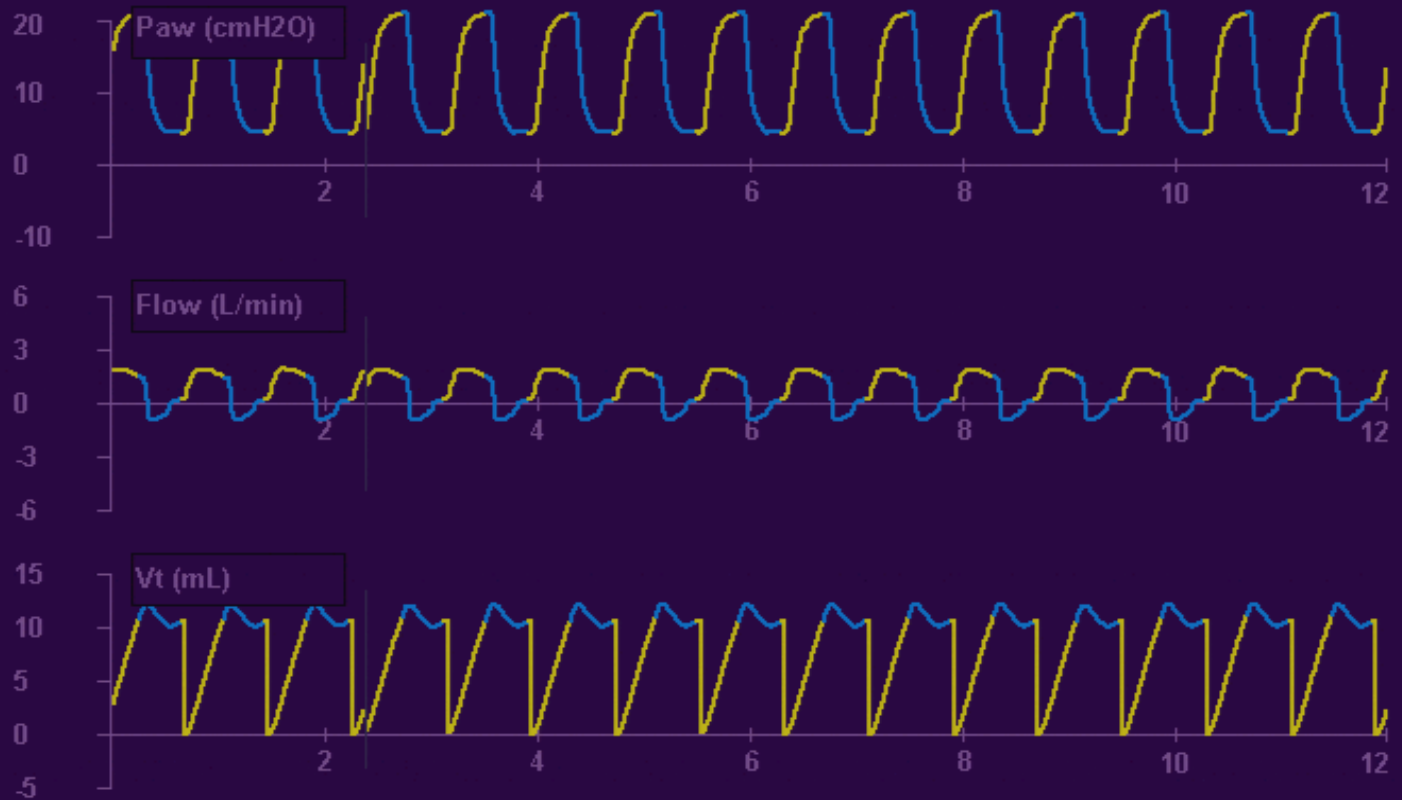
mL  
Vte

5.0

mL/kg  
Vti/kg

75

bpm  
Rate



# Best PEEP Analysis

- ▶ Examine shape of inspiratory limb of P-V loop for early slope
- ▶ Sub-optimal PEEP results in “box-like” shape-- prolonged inflation without concomitant recruitment of lung volume
- ▶ Adjustments:
  - Increase PEEP
  - May need similar increase in PIP

# TCPL A/C

## LOOPS

30

bpm  
Rate

22

cmH2O  
Ppeak

9.2

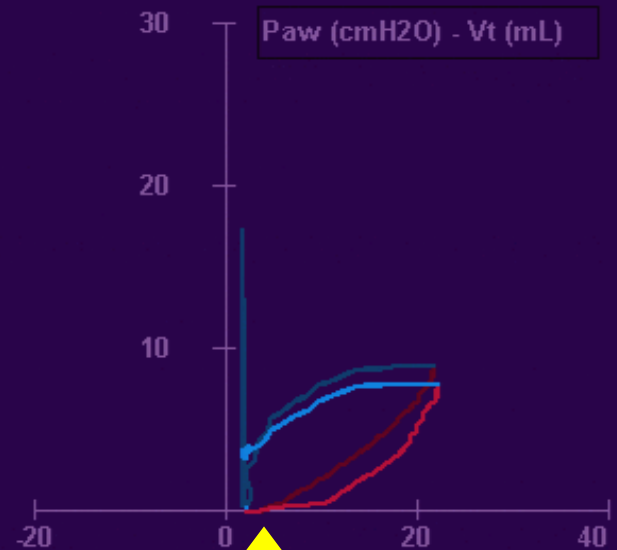
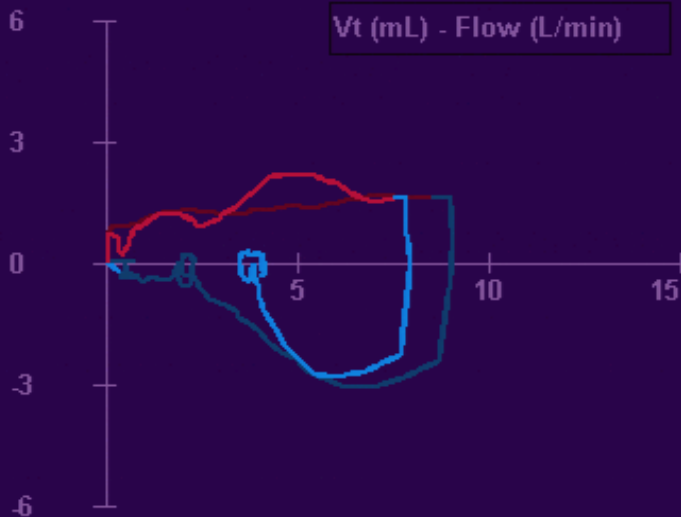
mL  
Vti

3.0

mL/kg  
Vti/kg

36

%  
FiO2



High opening pressure



0.40 sec 1.60 sec  
1:4.0

# TCPL A/C

## LOOPS

30

bpm  
Rate

24

cmH2O  
Ppeak

12.0

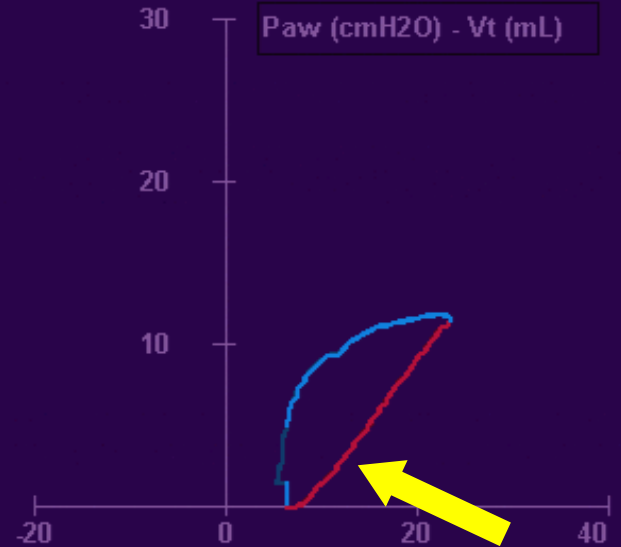
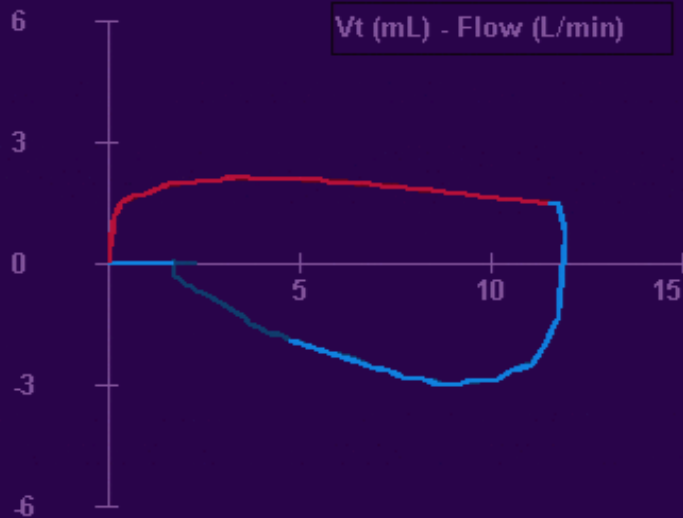
mL  
Vti

3.9

mL/kg  
Vti/kg

36

%  
FiO2



0.40 sec 1.60 sec

1:4.0

# Turbulence

- ▶ Secretions in the path of gas flow create turbulence
- ▶ This causes a “noisy” signal on both waveforms and loops
- ▶ May enable avoidance of “routine” suctioning of the endotracheal tube

# PRESSURE A/C

MAIN

CIRCUIT DISCONNECT ▼

20

cmH2O  
Ppeak

51

bpm  
Rate

14.8

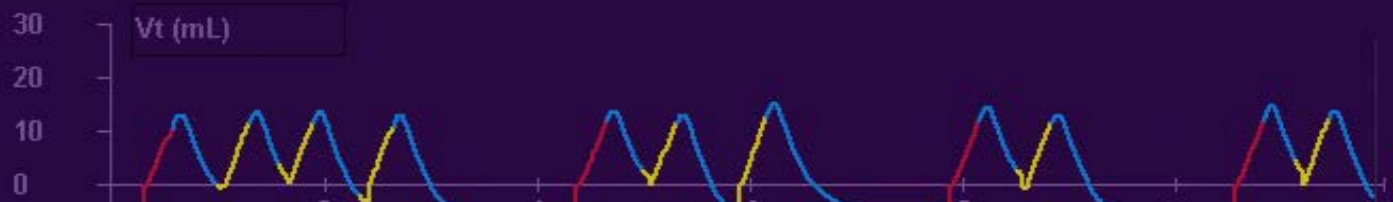
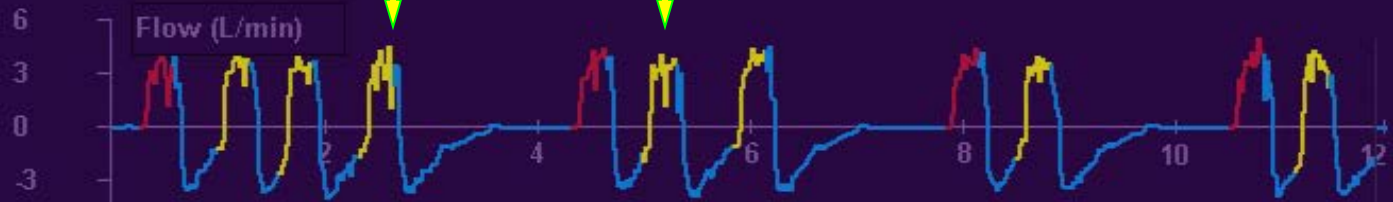
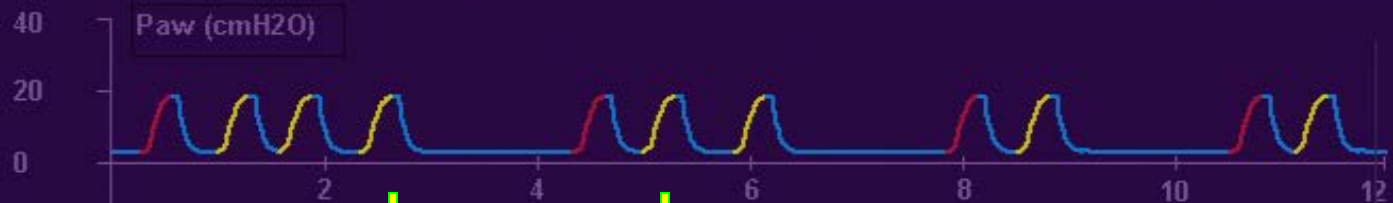
mL  
Vti

12.2

mL  
Vte

4.8

mL/kg  
Vti/kg



0.40 sec 1.60 sec  
1:4.0

Fri Oct 20, 2006 11:27, Hours Run: 3923



# PRESSURE A/C

LOOPS

CIRCUIT DISCONNECT ▼

37

bpm  
Rate

20

cmH2O  
Ppeak

10.8

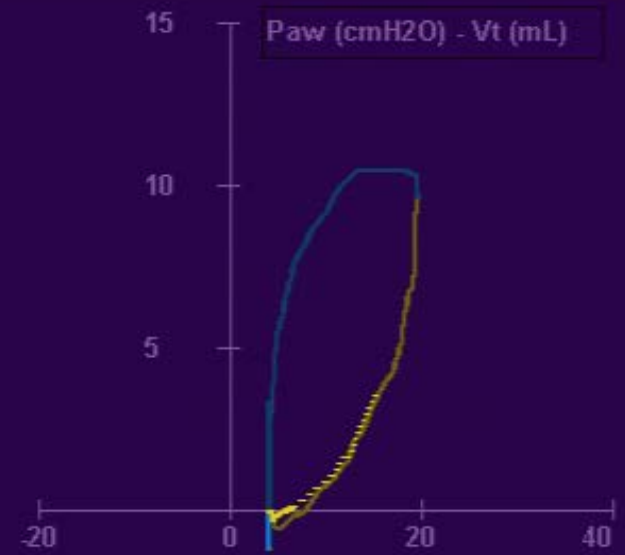
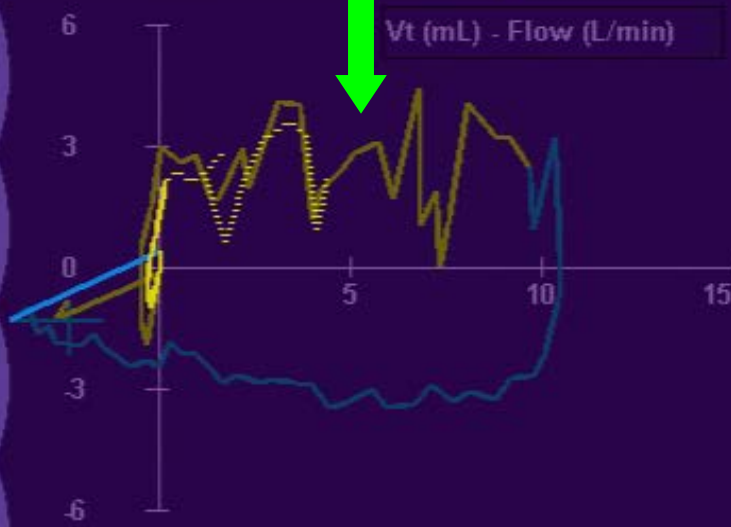
mL  
Vti

3.5

mL/kg  
Vti/kg

36

%  
FiO2



0.40 sec 1.60 sec  
1:4.0

# SIMV and Pressure Support

- ▶ Inspiratory pressure boost to support spontaneous breaths with something more than just PEEP
- ▶ Decreases the work of breathing
- ▶ Patient-controlled and fully synchronized
- ▶ May be full  $V_t$  ( $PS_{max}$ ) or partial
- ▶  $PS_{min}$  matches imposed work of breathing

# PRESSURE SIMV

MAIN

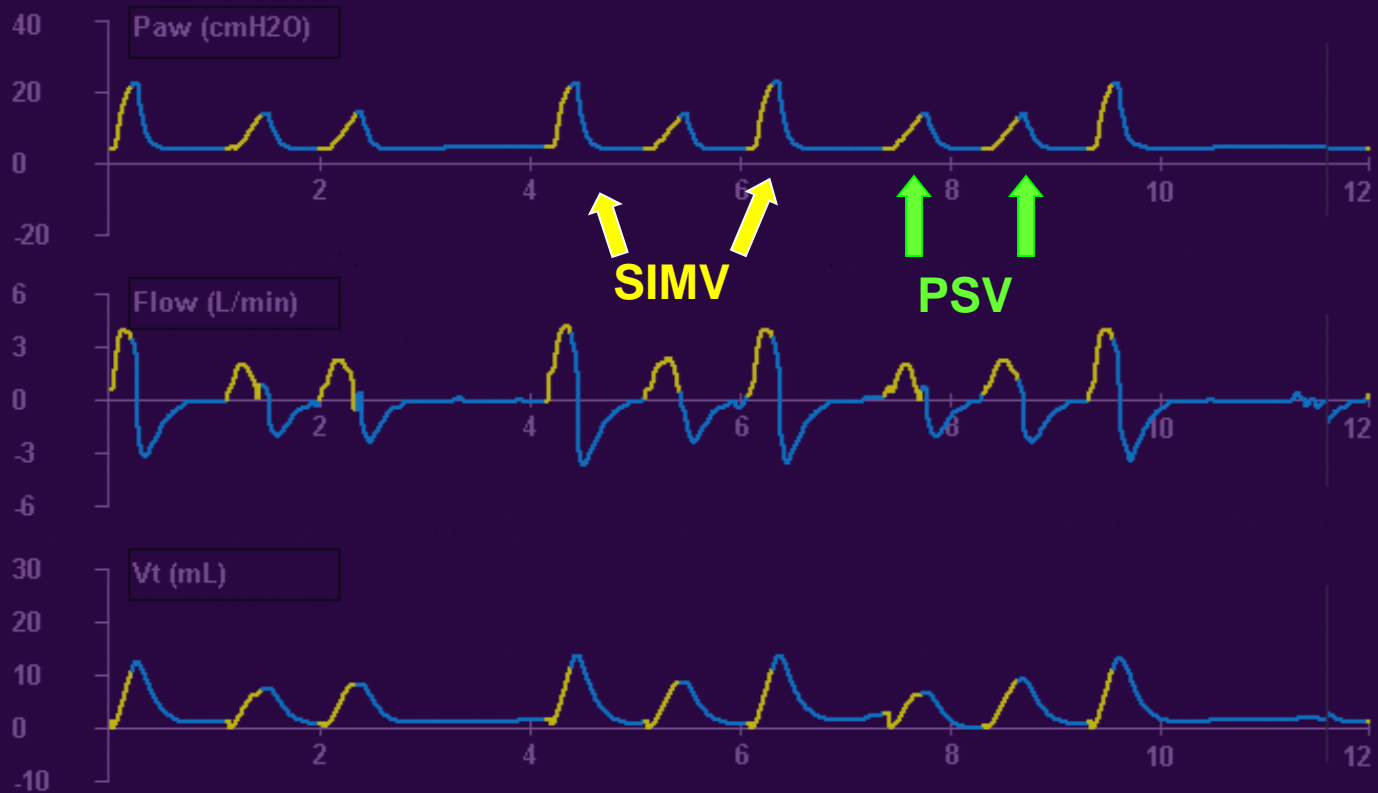
**15**  
cmH2O  
Ppeak

**33**  
bpm  
Rate

**9.5**  
mL  
Vti

**7.9**  
mL  
Vte

**3.1**  
mL/kg  
Vti/kg



**-20**  
bpm  
Rate

**20**  
cmH2O  
Insp Pres

**0.40**  
sec  
Insp Time

**10**  
cmH2O  
PSV

**5**  
cmH2O  
PEEP

**0.6**  
L/min  
Flow Trig

**40**  
%  
FiO2

0.40 sec      2.60 sec  
**1:6.5**

# Cycling Mechanisms

What causes inspiration to start and end?

## ▶ Time

- Inspiration ends after a set time, chosen by the clinician
- Back-up mechanism on all modes

## ▶ Flow

- Inspiration ends at a percentage of PIF

## ▶ Volume

- Not in the neonate because of uncuffed ETT

# PRESSURE A/C

MAIN

25

cmH2O  
Ppeak

44

bpm  
Rate

14.0

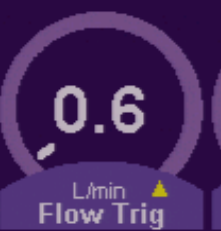
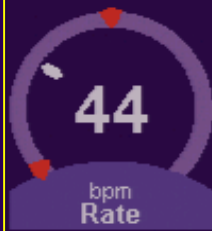
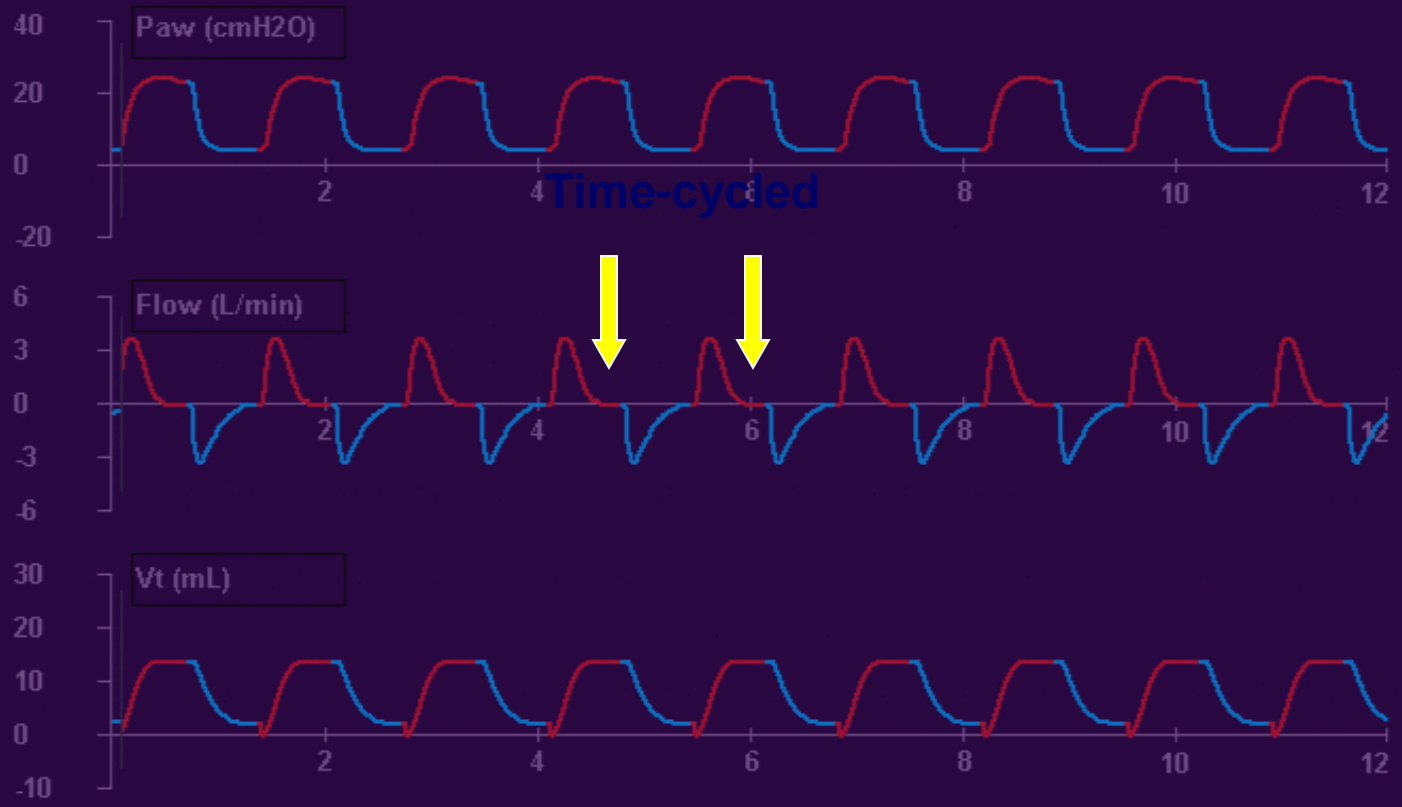
mL  
Vti

11.6

mL  
Vte

4.5

mL/kg  
Vti/kg



0.70 sec    0.66 sec  
**1.1:1**

# PRESSURE A/C

MAIN

25

cmH2O  
Ppeak

44

bpm  
Rate

12.7

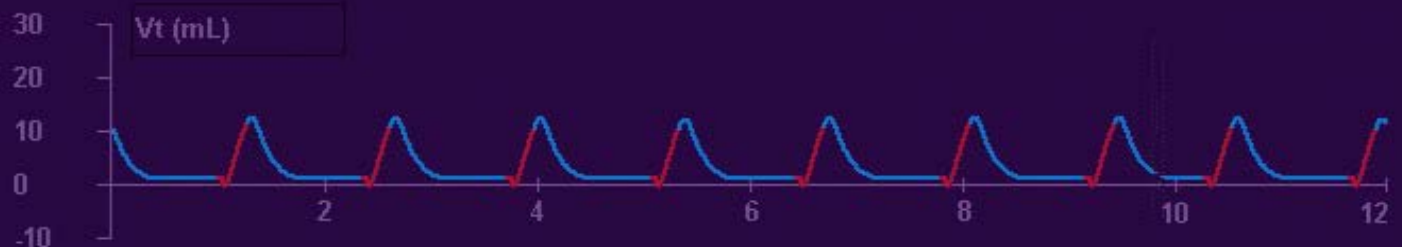
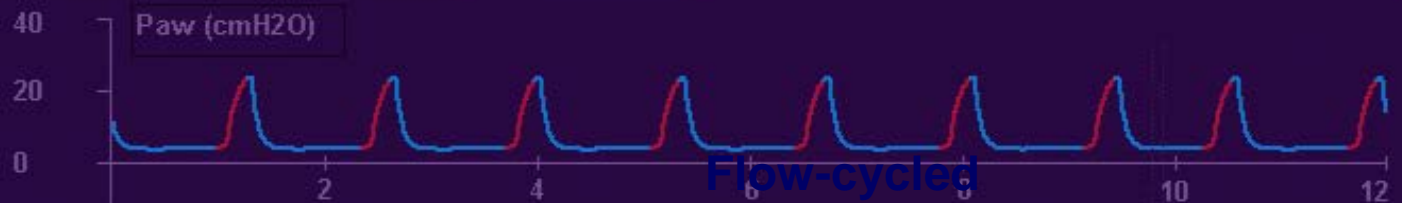
mL  
Vti

11.1

mL  
Vte

4.1

mL/kg  
Vti/kg



0.70 sec    0.66 sec  
1.1:1



# Trend Data

- ▶ Multiple parameters can be tracked over time
- ▶ May aid in interpreting cause of desaturation episodes or in evaluation of pharmacologic therapy

# PRESSURE A/C

## TRENDS

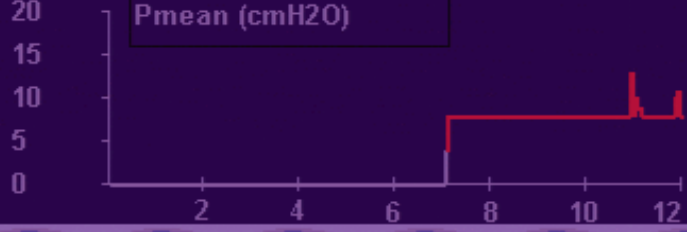
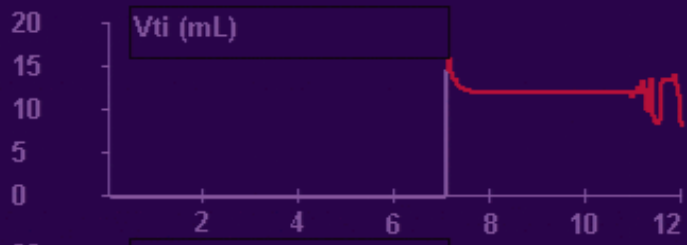
**22**  
cmH2O  
Ppeak

**13.7**  
mL  
Vti

**12.3**  
mL  
Vte

**5.6**  
mL/kg  
Vti/kg

**21**  
%  
FiO2



Time	Vti mL	Vte mL	I:E	Ppeak cmH2O	PEEP cmH2O	Pmean cmH2O	Vdel mL	AutoPEEP cmH2O	FiO2 %	Events
11:40	12.2	10.9	1:3.5	22	5	8	31.2	***	21	
11:41	12.2	10.8	1:3.5	22	5	8	31.1	***	21	
11:42	12.3	10.9	1:3.5	22	5	8	31.2	***	21	
11:43	12.3	10.9	1:3.5	22	5	8	31.1	***	21	
11:44	12.3	10.9	1:3.5	22	5	8	31.2	***	21	

**30**  
bpm  
Rate

**17**  
cmH2O  
Insp Pres

**0.40**  
sec  
Insp Time

**5**  
cmH2O  
PEEP

**0.4**  
L/min  
Flow Trig

**21**  
%  
FiO2

0.40 sec      1.60 sec  
**1:4.0**

# Practical Hints

- Make sure graphs are properly scaled
  - P and V axes should be equal
  - Wave forms should not be off scale
- Check for leaks, condensation, and secretions
- When all else fails,  
**LOOK AT THE BABY!**

# Pulmonary Graphics

**“You can observe  
a lot by watching.”**



**-Yogi Berra**