

VDR[°]-4 Quick Start Guide for Adult Patients

Adult Starting Guidelines

ANATOMY OF THE VDR°-4 WAVEFORM





* Breaths per minute (bpm)



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Adult patient VDR®-4 blood gas manipulation

Decrease CO, only

- a. TPulsatile Flow by 2 cmH₂O up to maximum AIP 40-46 cmH₂O
- b. ↓ Pulse Frequency by 50-100 cycles per minute to a minimum of 400
- c. Create moderate cuff leak; check infection control/VAP guidelines.
- d. Lengthen I time to3.0 seconds and shortenE time to 1 second.
- e. Turn on convective pressure rise. Gradient between convective pressure rise and pulsatile flow = (3-10).

Increase Oxygenation with PaCO ₂ in Range	
a. $1FiO_2$ if at low levels	a.
b. 1Oscillatory CPAP/PEEP by 2 cmH₂O maximum (16-20 cmH₂O)	
 c. If maximum Oscillatory CPAP/PEEP is reached: 1 Pulse Frequency by 50-100 cycles per minute to a maximum of 700 May cause some increase in CO₂ 	b.
 d. ↑Time at P High ↑TT by 0.5-1.0 seconds up to 3.5 seconds maximum 	
e. Turn on Convective Pressure Rise. Gradient between Convective Pressure Rise and Pulsatile Flow = (3-10).	
⇒BE PATIENT- it can take up to 2-4 hours for recruitment to take place.	

Increase PaO₂ and Lower PaCO₂

- a. 1Pulsatile Flow by 2 cmH₂O up to maximum AIP 40-46 cmH₂O
- b. 1 Oscillatory CPAP/PEEP by 2, but keep the gap between Pulsatile Flow and Oscillatory CPAP/PEEP the same with adjustment. If the gap is decreased, then CQ₂ removal may not be as effective.

NOTE: These are merely suggested guidelines based on clinical consensus.