

# Mechanical Ventilation: Pressure-Regulated Volume Control Ventilation (Respiratory Therapy)

## CHECKLIST

**S** = Satisfactory    **U** = Unsatisfactory    **NP** = Not Performed

Step	S	U	NP	Comments
Performed hand hygiene before patient contact.				
Introduced self to the patient.				
Verified the correct patient using two identifiers.				
Assessed the patient for respiratory deterioration as evidenced by ABG values, vital signs, level of consciousness, work of breathing, and underlying causes.				
Assessed chest radiograph findings.				
Before initiating mechanical ventilation, checked the system microprocessor or ventilation system. Performed a short self-test as appropriate.				
1. Verified compliance of the HME, humidifier, and filters (if needed).				
2. Documented the completed ventilation system test. Included pass or fail, date, and initials or signature and credentials of the RT.				
Verified the authorized practitioner's order for the initiation of mechanical ventilation.				
Performed hand hygiene and donned gloves.				
Explained the procedure to the patient and ensured that the patient agreed to treatment.				
Plugged the mechanical ventilator power cord into a red outlet and connected the high-pressure hose to the appropriate gas source.				
Turned on the ventilator.				
Selected the appropriate patient designation.				
Selected and entered either PRVC or VC+ (depending on the software).				
Set the desired minimum rate.				
Set the desired target VT.				
Set the desired FIO <sub>2</sub> delivery.				
Set the desired inspiratory time or I:E ratio.				
Set the desired PEEP level.				
Set the desired trigger sensitivity (pressure or flow).				
Set the upper pressure limit.				
Set the appropriate alarms.				

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Step	S	U	NP	Comments
Set up the closed suction system.				
Assessed the patient's breath sounds, VT, PIP, vital signs, SpO <sub>2</sub> , work of breathing, and comfort.				
Looked for chest expansion and patient-ventilator synchrony.				
Checked for artificial airway stability.				
Performed a ventilator check.				
Suctioned the patient, if necessary.				
Obtained an ABG sample.				
Confirmed that the manual resuscitator or mask was connected to the gas source and available in case it was needed.				
Observed the patient for signs and symptoms of pain. If pain was suspected, reported it to the authorized practitioner.				
Discarded supplies, removed gloves, and performed hand hygiene.				
Documented the procedure in the patient's record.				

Learner: \_\_\_\_\_ Signature: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_