

Patient Name

DOB

MRN

CHECKLIST FOR APRV

Time of decision to commence	Date	Time
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Admission to ICU	Date	Time			
Intubated	Date	Time			
Likely Diagnosis					
Days onset since acute illness					
Evidence of bilateral opacities on CXR/CT?					
Symptoms not fully explained by cardiac failure or fluid overload?					
Current mode of ventilation	Mode	FiO2	PEEP	PS	VT (ml/kg)
ABG prior to APRV	pH	PaCO2	PaO2	BE	P/F ratio
Reason for APRV					
Has proning been tried first?					
Patient IBW					

APRV Setup:

Time of commencing	Date	Time
APRV mode selected		
Pressure support set to zero		
Starting PHigh		
Starting Plow at 0 cmH2O		
Starting Thigh set to 5 seconds		
Thigh range set to 4-6seconds		
Starting Tlow set to 0.5 seconds (Or 75% PEFr)		

Adverse events: hypotension, desaturation, hypercapnia, obstructed flow, disconnection				
Event No.	Time and Date	Cause if known	Changes to ventilator	Other changes/intervention
1				
2				
3				
4				
5				
6				
7				

East Surrey Hospital Critical Care

Time/date	Phigh	Plow	Thigh	Tlow	pH	P/F ratio	FiO2	PaCO2	PaO2	Prone / supine
Start:										
1hr:										
4hrs:										
8hrs:										
12hrs:										
16hrs:										
20hrs:										
24hrs:										
48hrs:										

Completed by Name	Signature	Date
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