My Patient Just Got Intubated… Now What Do I Do?

1) Choose Your Ventilator Settings

   **Mode**: Volume assist control

   **Tidal Volume**: 8 ml/kg of ideal body weight

   **Rate**: Based on an assessment of the patient’s minute ventilation needs. This can be done based on an assessment of the patient’s bicarbonate:

<table>
<thead>
<tr>
<th>Bicarbonate (mEq/L)</th>
<th>Target Minute Ventilation (L/min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>22-26</td>
<td>6-8</td>
</tr>
<tr>
<td>16-20</td>
<td>10-12</td>
</tr>
<tr>
<td>&lt; 12</td>
<td>15-20</td>
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</tbody>
</table>

   **FIO₂**: 1.0

   **PEEP**: 5 cm H₂O

2) Place Orogastric Tube

   This is for enteral access for medications. Tube feeds can be held at this stage and should not be immediately started in patients on escalating doses of vasopressors.

3) Choose Your Sedation and Pain Management Plan

   **Sedative**: Propofol infusion. Titrate for Richmond Agitation Sedation Score (RASS) score of 0-1.

   **Pain Control**: Start with fentanyl boluses (25-100 µg q 30 min prn); Change to infusion if insufficient.

4) Check a Chest Radiograph to Confirm Position of Endotracheal and Orogastric Tube

5) Obtain a Blood Gas in 15-30 minutes

   • Check the acid-base status: Adjust ventilator rate accordingly with the goal of achieving a pH relatively close to normal (7.35-7.45). This can be difficult to achieve with a severe primary metabolic acidosis. Further details on how to adjust the ventilator rate is provided in the information sheet “I Just Got The Blood Gas Results… Now What Do I Do?”

   • Check the PₐO₂: If the PₐO₂ > 100 mm Hg, decrease the FIO₂ to target SₚO₂ > 88%. Further changes in PEEP and FIO₂ can be made by monitoring SₚO₂ rather than checking repeat blood gases. For patients with ARDS, follow the PEEP/ FIO₂ ladder.

   To avoid oxygen toxicity, do not allow the SₚO₂ to remain at 100%.