

# Requesting and Using the Newport Ht50 Transportation Ventilator

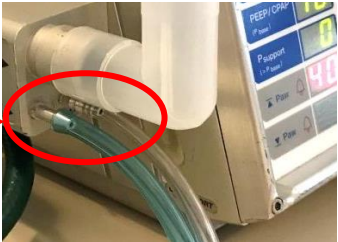
For more detailed info, use the online simulator for practice: <http://www.amethyst-research.com/demos/ventilator/starthere.html>

## 1) Request travel ventilator set-up by respiratory therapist

- If you have a patient going to ICU that was not intubated preop, notify the receiving ICU that the patient will be intubated. The respiratory therapist covering for the ICU will set up and calibrate the ventilator with a new circuit/tank at the foot of the bed.
- The circuit is short and tubing may get caught or pinched in the elevator doors or connect to patient with very little slack. It is recommended to put the ventilator at the back of the bed on the “flip table”.
- Request the transport monitor be secured to an IV pole at the **foot** of the bed. This leaves the head of the bed clear for driving, infusion pumps, easier to access airway and lines, and ensures transport monitor does not tip over during transport.

## 2) Important checks before connecting vent to patient

- Check O2 cylinder pressure (full = 2000 psi).
- Check cylinder connections for leaks.
- Make sure green O2 hose from the ventilator is connected to the O2 cylinder.
  - Do NOT turn the orange valve on the O2 tank; it will deplete the O2 tank.
- Check that the circuit is assembled correctly and connections are secure. The 2 small tubes →
  - The blue tubing is for airway pressure. If it is disconnected, it will cause a low pressure alarm.
  - The small clear tubing connects to the exhalation valve.
- Check battery life by pressing and holding “Int. Battery”. (A; vent must be on and unplugged).
- Check for AMBU bag (mask and 10ml syringe). If the ventilator fails, connect the AMBU to the O2 tank and turn on flow to 10 LPM.
- Verify vent settings, critical alarms, and O2 concentration (see next step).



## 3) Operating the Transport Vent

- Turn on the vent by pressing the “On/Off” button (B) once.
- **Please note: The previous settings are ALWAYS retained and you need to adjust or confirm settings and alarms.**
- The mode (C-E) is selected by pressing once (if not currently ventilating) or twice (if you have already started ventilating).
  - Assist/control mode is often used for either volume control (in liters) or pressure control.
  - In Spont (P support) mode (E), if the patient becomes apneic, the apnea alarm will sound AFTER 30 SECONDS.
- **BACKUP VENTILATION IS ACTIVATED BY THE LOW INSP. MINUTE VOLUME ALARM.**
- To adjust vent settings:
  1. Press one of the blue parameter buttons (F-L). The value of the parameter should start flashing.
  2. Use the arrow buttons to increase or decrease the value.
  3. Press the parameter button again to save the change.
  4. Note that you cannot adjust I:E ratio directly. Instead, adjust the frequency (I) and inspiratory time (J) settings.
- Press the “On” button (B) again to start ventilating.
  - You can see the TV by pressing the UP arrow and waiting 5 seconds for it to appear on the display.

## 4) After connecting vent to patient

- Verify chest rise
- Check breath sounds and synchrony
- Verify PIP and inspiratory tidal volume
- Check physiologic monitors (HR, SpO2, BP)

## 5) After transport/before you leave the ICU

- To clear alarms from display screen press the “Silence/Reset” button (M).
- Turn the vent off by pressing the “On/Off” button (B) twice, then pressing the “Silence/Reset” button (M).
- Make sure vent is plugged into bed, and bed is plugged into wall.

