RT TREATMENT SCHEDULE

Please connect with LifeSource Donation Coordinator regarding when to begin treatment regimen

	Metaneb or pneumatic vest treatment with bronchodilator followed by lung recruitment. Post recruitment leave PEEP at +10 as tolerated .
	02 Challenge-PEEP to +5 and Fi02 to 1.0. Blood gas 30 minutes after vent changes. Return vent to baseline settings after blood gas is drawn.
	Metaneb or pneumatic vest treatment with bronchodilator followed by lung recruitment. Post recruitment leave PEEP at +10 as tolerated .
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LUNG RECRUITMENT MANEUVERS

* Perform every four hours, if p02 is < 400 on 100% FiO2.

  If pO2 > 400 no recruitment maneuver needed (unless atelectasis present on CXR)

* after any disconnect from the vent

* ASAP AFTER bronchoscopy, if secretions are completely cleared, perform LUNG recruitment as follows:

LUNG RECRUITMENT - USING VENT, FOLLOW THESE STEPS:

(Watch VS as HR and BP will be affected temporarily)

1. Place on CPAP mode and perform inspiratory hold at PEEP of 30 for 30 seconds, rest 1.5 minutes...
2. Next step PEEP of 35 for 35 seconds, rest 1.5 minutes...
3. Next step PEEP 40 for 40 seconds, and return to baseline settings
4. Please notify Donation Coordinator if patient does not tolerate recruitment. PB 980 step-by-step recruitment video available.

DONOR MANAGEMENT GUIDELINES FORRT

Thank you for your assistance in making donation happen! We realize treatment of potential lung donors uses a great deal of your resources and will work with you to assist in conforming our needs to your schedule demands. Lung donation could not happen without collaboration with Respiratory Therapy and we are grateful for your assistance and expertise!

- Early bronchoscopy with minimal saline instillation to evaluate lung donor
- Ideally bronchoscopy will be performed prior to RT Treatment Schedule initiation
- Obtain sputum culture asap to ensure proper antibiotic coverage
- Maximal Inflation of ETT cuff to prevent aspiration of oral secretions
- Tidal volume of 6-8 mis/kg IBW to prevent and treat atelectasis
- Inspiratory time of 1-1.2 seconds to prevent and treat atelectasis
- 04 Metaneb, pneumatic vest or manual percussion to assist in secretion removal
- 04 oral care and ETT suction
- 04 recruitment maneuvers as tolerated to prevent and treat atelectasis
- Recruitment maneuvers as tolerated post bronchoscopy and after any vent disconnect
- Please use a Kelly clamp on the ETT prior to vent disconnect or change to transport vent to prevent atelectasis.
- 04 Blood gases to evaluate potential lung donor
- 02 challenge: PEEP +5, Fi02 1.0 30 minutes prior to ABG to evaluate potential lung donor

LUNG DONOR MANAGEMENT GUIDELINES FOR NURSING

- Early bronchoscopy for evaluation and secretion removal
- Closed circuit suction and oral care Q2 hours
- Minimize use of crystalloids to prevent pulmonary edema
- Obtain sputum culture asap to ensure proper antibiotic coverage
- Collaborate with RT to time blood gases appropriately if drawn by nursing or lab
- Collaborate with RT to increase pressers if needed during lung recruitment
- Blood gases will be drawn Q4, standard labs Q6

DONOR
MANAGEMENT GOALS
Systolic BP > 90 or MAP > 60
CVP 4-10 SVV/SVI
PaO2 > 300
pH 7.35-7.50
Glucose< or equal to 180
Use of 1 or less pressers
Sodium < or equal to 155
Urine output at least 0.5 ml/kg/hr