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Mechanincal Ventilation

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| **Across**  **2.** atelectasis, barotruma, volutrauma, VAP  **4.** perfusion without ventilation  **7.** high pressure, low pressure, volume  **9.** awakening and breathing, choice of sedation, delirium monitoring, early mobilization, family  **13.** this setting used to be commonly initiated at 5 and now the standard is 8  **14.** most successful predictor of ventilator liberation is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **15.** assist control, intermittent mandatory  **16.** results in diffuse alveolar damage, pulmonary microvascular thrombosis, and low lung compliance | **Down**  **1.** ventilation without perfusion  **3.** Increaseed PEEP can cause decreased \_\_\_\_\_\_\_\_\_\_\_\_ (cardiac effect)  **5.** combats neuromuscular effects  **6.** reversal of indication for mechanical ventilation, adequate gas exchange, ability to initiate a breath, hemodynamic stability  **8.** propofol, fentanyl, precedex  **10.** how to evaluate delirium in ventilated patient  **11.** oral care, head of bed 30degrees, SBT, sedation holiday, peptic ulcer prophylaxis, OG vs NG, hand hygiene  **12.** pressure support, pressure control, APRV |