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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 |