



How can I identify and manage patients with obstructive airway disease?

Peak inspiratory pressure (PIP) monitoring

Flow monitoring

Intrinsic positive end-expiratory pressure (PEEP) monitoring



Keep PIP < 35 cmH<sub>2</sub>O

- Decrease V<sub>T</sub>
- Decrease RR
- Increase flow
- Bronchodilators
- Steroids

Permissive hypercapnia may be necessary.

# PIP monitoring

Monitoring and maintaining PIP at an acceptable level can help manage patients with obstructive airway disease.

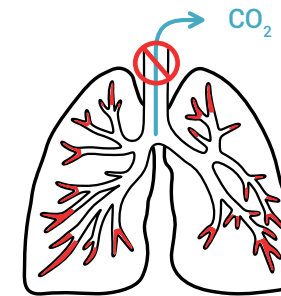
## Identify obstructive airway disease

↑ PIP can indicate airway compromise or air trapping\*.

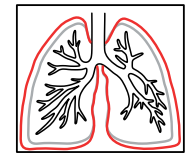
AND

Amount of ↑ PIP represents the severity of air trapping.

\* You should confirm with a chest x-ray.



Chest x-ray



## Treat obstructive airway disease

Decrease V<sub>T</sub>

Reducing volume in, reduces volume needed to get out.

Decrease RR

Reducing RR allows more time to exhale.

Increase flow

Increasing flow shortens inspiration time and therefore increases expiration time.

Bronchodilators

Steroids



### Permissive hypercapnia

Remember, reducing V<sub>T</sub> or RR may increase PaCO<sub>2</sub> and you may need to tolerate hypercapnia in order to treat these patients; just be sure to monitor pH and PaCO<sub>2</sub> on a case-by-case basis.