What other tools do I have to identify and treat air trapping?

Peak inspiratory pressure (PIP) monitoring

Flow monitoring

Intrinsic positive end-expiratory pressure (PEEP) monitoring

Keep PIP < 35 cmH_2O
Decrease V_T
Decrease RR
Increase flow
Bronchodilators
Steroids
Increase PEEP

Permissive hypercapnia may be necessary.

Reference:
M J Tobin; R F Lodato. PEEP, auto-PEEP, and waterfalls. Chest. 1989;96(3):449-451. doi:10.1378/chest.96.3.449

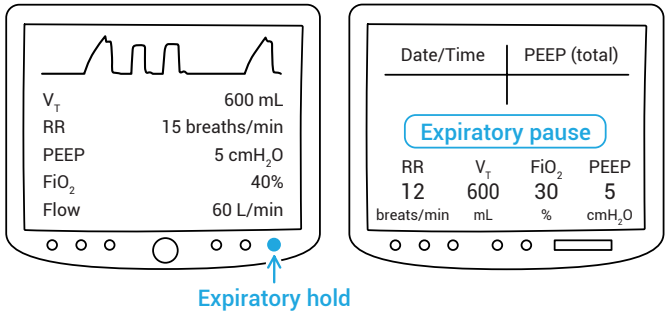
PEEP monitoring

Determining the amount of intrinsic PEEP (inadvertent PEEP or auto PEEP)—the difference between the set PEEP and the total PEEP—can help manage patients with obstructive airway disease.

Identify obstructive airway disease

Depressing the expiratory hold or expiratory pause button on the ventilator keeps the lungs at maximal exhalation for about 1 second and allows you to measure the total PEEP.

You can then calculate the intrinsic PEEP.
Total PEEP - set PEEP = intrinsic PEEP
Intrinsic PEEP > 0 ⟶ air trapping



Treat obstructive airway disease

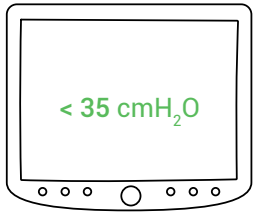
Decrease V_T
Reducing volume in, reduces volume needed to get out.

Decrease RR
Reducing RR allows more time to exhale.

Increase flow
Increasing flow shortens inspiration time and therefore increases expiration time.

Bronchodilators

Steroids



Increase set PEEP
To keep work of breathing to a minimum you want intrinsic PEEP = extrinsic PEEP. In patients with obstructive airway disease, air trapping causes the intrinsic PEEP > extrinsic PEEP. By performing an expiratory hold and determining the total PEEP and calculating the intrinsic PEEP, you can increase the set PEEP by this amount to reduce the work of breathing.

Permissive hypercapnia
Remember, reducing V_T or RR may increase $PaCO_2$ and you may need to tolerate hypercapnia in order to treat these patients; just be sure to monitor pH and $PaCO_2$ on case-by-case basis.