

Alarm	DOPE	Possible Cause	Troubleshooting
			<p>Recruitment maneuver can be performed with bag-valve manual ventilation.</p> <ol style="list-style-type: none"> <li>1. Set PEEP valve on bag-valve unit to 15 - 20 cm H<sub>2</sub>O.</li> <li>2. Deliver five sequential breaths, each held for 5 - 8 seconds.</li> <li>3. Watch blood pressure closely. Terminate if hypotension develops.</li> <li>4. Clamp endotracheal tube while switching between ventilator and bag.</li> <li>5. Immediately assess for tension pneumothorax, if applicable.</li> </ol>
Low SpO <sub>2</sub>	E	O <sub>2</sub> supply	Check O <sub>2</sub> PSI and condition of hose/connections.)
High EtCO <sub>2</sub>	E	Incorrect vent settings	V <sub>E</sub> may be too low (Adjust V <sub>T</sub> f/I:E for patients IWB).
High EtCO <sub>2</sub>	x	Hypermetabolic state	Address pain, shivering, hyperthermia / infection.
High EtCO <sub>2</sub>	x	Respiratory insufficiency	Increase rate (current EtCO <sub>2</sub> x current rate/40). V <sub>E</sub> may be too high (Ensure proper V <sub>T</sub> /f/I:E for patients IWB).
Low EtCO <sub>2</sub>	E	Incorrect vent settings	V <sub>E</sub> may be too high (Ensure proper V <sub>T</sub> /f/I:E for patients IWB).
Low EtCO <sub>2</sub>		Ventilator dyssynchrony	If on AC and patient is not properly sedated, the patient may be breathing over the ventilator settings, increasing their V <sub>E</sub> . Consider sedation medications followed by paralytics, as needed.
Low EtCO <sub>2</sub>	x	Low perfusion state (hypovolemia or sepsis)	CHECK PATIENT'S PULSE FOLLOWING RAPID DROP. Continue to resuscitate patient within scope and skill.
Low EtCO <sub>2</sub>	x	Decrease in alveolar ventilation	Suction patient if suspected mucus/secretion plug. If associated with high pressure alarm, consider alveolar distention (air trapping/stacked breathing): remove patient from ventilator and allow full exhale.
Low EtCO <sub>2</sub>	x	Respiratory compensation (metabolic acidosis)	DO NOT ATTEMPT TO NORMALIZE patient's breathing without ABG and expert consultation.
Low EtCO <sub>2</sub>	x	Low perfusion state (hypovolemia or sepsis)	CHECK PATIENT'S PULSE FOLLOWING RAPID DROP. Continue to resuscitate patient within scope and skill.
Low EtCO <sub>2</sub>	x	Decrease in alveolar ventilation	Suction patient if suspected mucus/secretion plug. If associated with high pressure alarm, consider alveolar distention (air trapping/stacked breathing): remove patient from ventilator and allow full exhale.
Low EtCO <sub>2</sub>	x	Respiratory compensation (metabolic acidosis)	DO NOT ATTEMPT TO NORMALIZE patient's breathing without ABG and expert consultation.

Source: USASAM, Enroute Care Branch Ventilator Guide<sup>10</sup>