

### PMV Troubleshooting Quick Guide

<b>PROBLEM</b>	<b>POSSIBLE CAUSE</b>	<b>POTENTIAL SOLUTION</b>
Pt does not exhale through upper airway upon occlusion of trach tube.	Positioning Secretions occluding airway Trach too large Cuff not fully deflated Upper airway occlusion	Reposition Suction Check cuff for deflation Consider downsize of trach Consider ENT consult
Tolerating PMV but no phonation	Not coordinating respiration Vocal cord damage Inadequate vent support	Educate on appropriate timing to coordinate phonation and respiration ENT referral Consider increase in VT to equal pre cuff deflation PIP
Tolerating PMV for short periods only, then desaturating and becoming SOB	Not ventilating efficiently Fatigue Anxiety	Adjust vent settings Suctioning Relaxation/distraction techniques Slowly increase trial times
Anxiety		Education Relaxation/distraction techniques Consider Psych consult Time with anti anxiety meds Encourage family involvement
Vent begins to autocycle	PEEP is too high I trigger sensitivity too sensitive	Reduce PEEP Adjust I Trigger Sensitivity setting
High Inspiratory pressure alarm frequently alarming	Airflow obstruction Breath stacking or incomplete exhalation Coughing	Suction Relaxation/retraining normal breathing patterns
Low Pressure Alarm Alerting	Unable to maintain adequate PIP Disconnect Patient Fatigue	Encourage synch with ventilator and inspiratory expiratory cycle Discontinue trial, allow rest breaks Check vent tubing for leaks
Excessive Coughing	Secretions Inadequate airway patency Check vent adjustments	Suction Consider ENT/Physician referral Adjust PEEP or I-time

Adapted from PMV Trouble Shooting by Grace Hospital