

Respiratory effects and support

Patients who have lost brain function have central apnoea. Using a mandatory mode of ventilation, a tidal volume of 6-8 mL/kg of predicted body weight, plateau pressure less than 30 cmH₂O and PEEP 5-10 cmH₂O with the fraction of inspired oxygen (FiO₂) at the lowest level to keep an oxygen saturation (SpO₂) of 92-95% should be maintained.

- Routine respiratory care should continue- suctioning and physiotherapy, positioning side to side and 30° head up positioning and turning
- ventilator techniques that reduce atelectasis (e.g. PEEP, recruitment manoeuvres) and avoidance of interstitial fluid overload should continue.
- Fibre-optic bronchoscopy can be considered for suctioning and clearing bronchial obstructions and may be requested by retrieval teams.
- Secretions should undergo microscopy and culture and antibiotics be started if there is suspicion of a pulmonary infection, but there is no role for routine antibiotic prophylaxis.