

# **Advances in respiratory monitoring during mechanical ventilation**

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## Disclosures

## Rationale – why Steve?

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Chief Science Officer – Lungtreater Clinical Research Organization

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Chief Executive Officer – VentDx Ltd Oxford UK

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First Esophageal Balloon System (1988)

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First Integrated Waveforms & Loops (1990)

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First Respiratory Mechanics (Dynamic / Static) (1991)

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First Measurement of Power from the Ventilator (1990, 96)

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First Server Based Ventilator (2003)

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# Monitoring Definitions

## Oxford Languages Dictionary

- Observe and check the progress or quality of (something) over a period of time; keep under systematic review

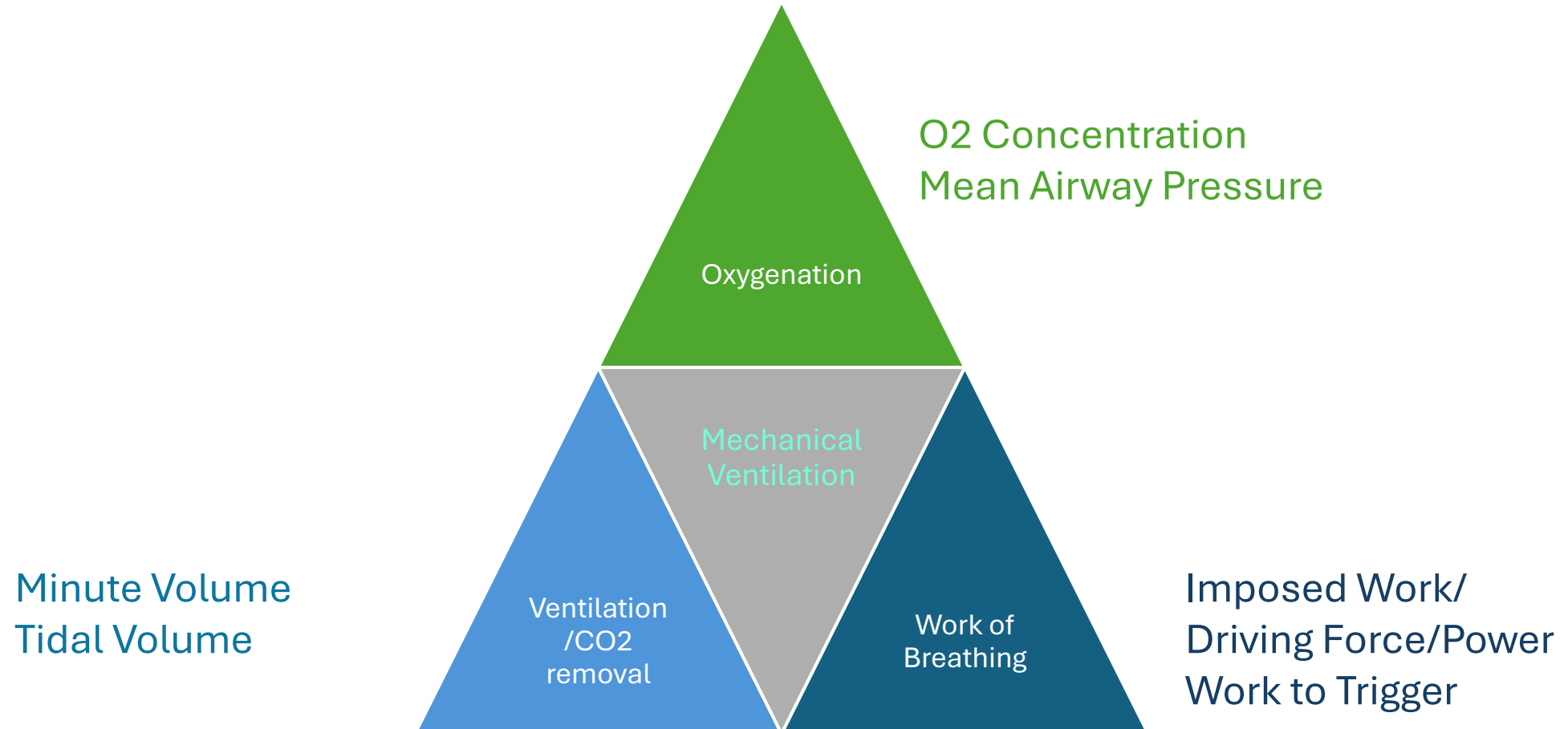
## Merriam Webster Dictionary

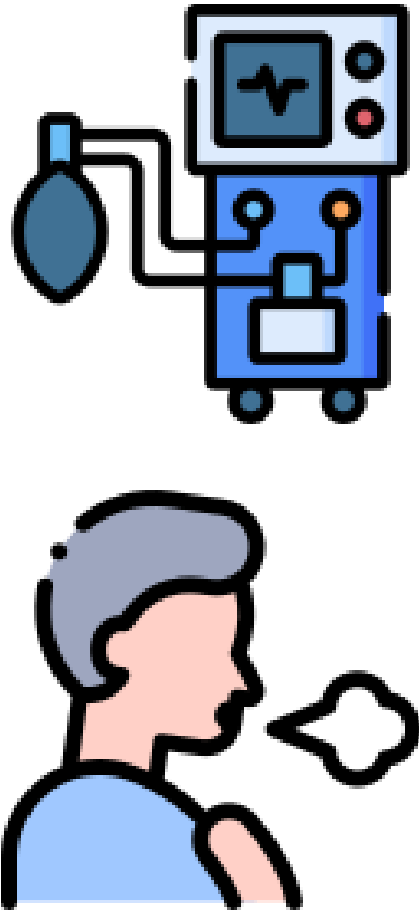
- To watch, keep track of, or check usually for a special purpose

## Steve' definition

- Pay attention

# Before we dive into monitoring let's talk Mechanical Ventilation (Intended Use)



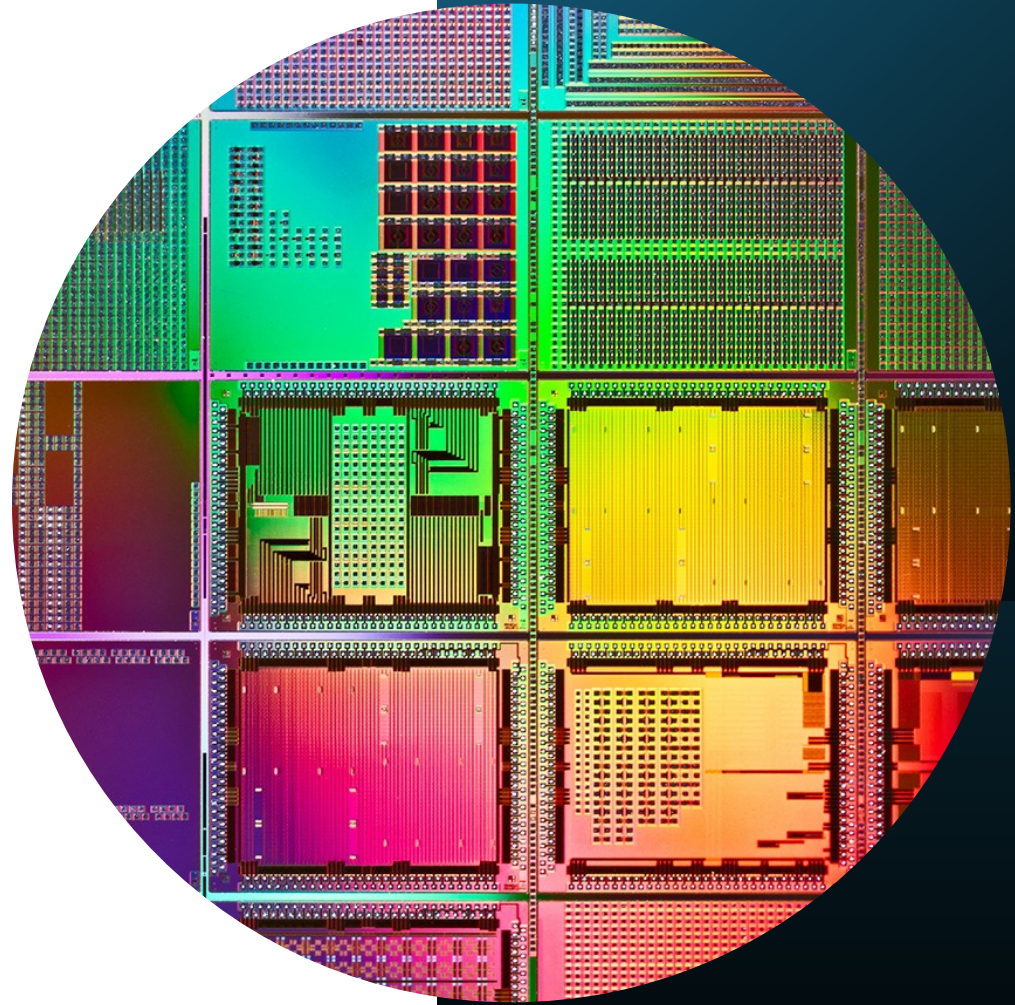


We are applying a Machine(PEMS) to a Human in order to facilitate one or more of these three previous indications



# How does the PEMS – Ventilator do that?

Controls its own force (metering or generating) to provide a targeted pressure or flow over time.



# With these functions in mind let's look at what's occurring and what monitoring is basic

Oxygenation	Oxygen Concentration delivered
	End Expiratory Pressure
	Mean Airway Pressure
CO2 removal/ Ventilation	Volume per breath and delivered over time
	Expired CO2
Force	Pressures (dynamic & static)
	Driving Pressures
Desynchrony	Waveform Analysis
Respiratory Drive	Respiratory Rate
	P 0.1

# Now let's expand this list to include items that are out of the box (PEMS) – Patient Centric.

Oxygenation	Oxygen Concentration delivered	Blood Gases (PaO <sub>2</sub> & SaO <sub>2</sub> )
	End Expiratory Pressure	Oximetry
	Mean Airway Pressure	
CO <sub>2</sub> removal/ Ventilation	Volume per breath and delivered over time	Blood gases (PaCO <sub>2</sub> )
	Expired CO <sub>2</sub> (ETCO <sub>2</sub> )	Volumetric Capnography
Force	Pressures (dynamic & static)	IL-6, IL-8, and CXCL1*
	Driving Pressures	MP
Desynchrony	Waveform analysis	Signs of work, agony and discomfort
Respiratory Drive	Respiratory Rate	Physical assessment
	P 0.1	P es

\* Research only



# State of the Art Monitoring



**Let's go with Oxford:**

1. Observe and **check** the **progress** or **quality over time**.
2. Keep under **systematic review**.



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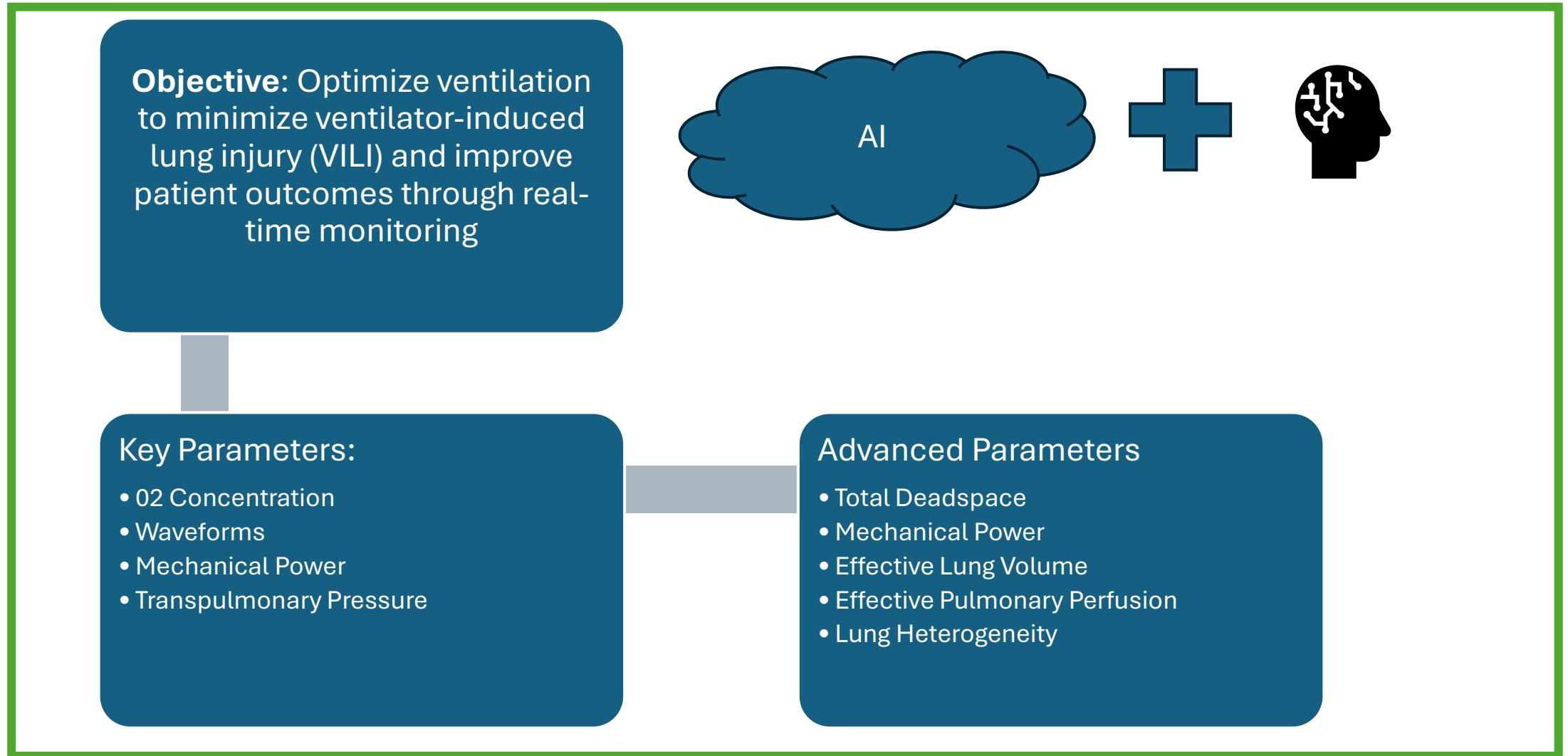
# Quality of Mechanical Ventilation Monitoring

## Summary of Mortality Trends

Period	ARDS Mortality (%)	General ICU Mortality (%)	Key Advances
1980s	60–70	40–50	“Baby lung” concept (1987)
1990s	40–50	30–40	Optimal PEEP Low Vt, Pes
2000	31–40	25–35	ARDSNet low VT, Driving Pressure
2020	30–60 (COVID: 48–54)	30–70 (COVID: high)	NIV, HFNC, EIT
2025 (Est.)	30	20–30	EIT, IST, AI

# Advanced Monitoring

AI must meet HI



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Thank You

