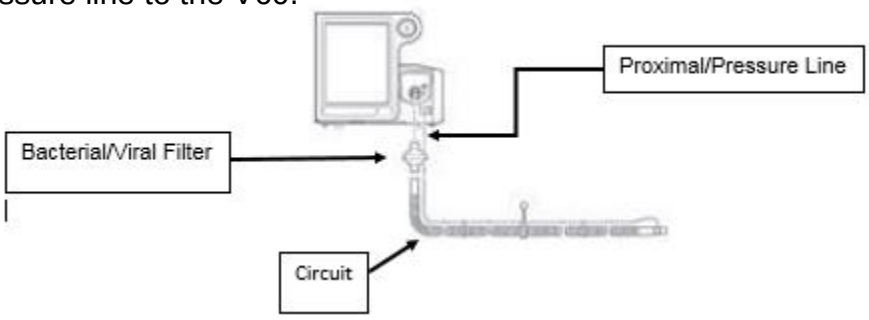
V60 QUICK START GUIDE FOR INVASIVE VENTILATION

- If using with a COVID patient, the filter on the side of the unit should be changed before using on the next patient.

CIRCUIT SET UP:

1. Grab a single limb clear circuit (ones we use on the CPAP machines). Attach a PAL filter to the V60 followed by the clear circuit.
2. Attach the pressure line to the V60.



3. On the pressure line adapter, attach a pink Bacterial/Viral HEPA filter on the exhalation port of the pressure line. If you do not have a HEPA filter use a PAL filter.

4. Connect a HME(F) on the end of the pressure line, followed by in-line suction, followed by ETT.

CHANGING V60 TO INVASIVE:

1. Turn V60 on
2. Select **MENU**, then select **MASK/PORT**.
3. Select **ETT/TRACH** and tap **ACCEPT**.
4. Select **DEP** and select **ACCEPT**.
    a. NOTE: If a single limb circuit is not available and a heated circuit must be used, you will need to calibrate the circuit. Please see section below on F&P Heated Circuit.

5. Notice that when you are looking at the Home Screen, Total Leak will switch to Patient Leak. This is the leak around the cuff of the ETT.
6. On the Home Screen, select **MODE** and change to **PCV**. Pressure Control Ventilation is the preferred mode when using the V60 invasively.
    a. Increase IPAP to reach desired tidal volume.
    b. If using lung protective strategies, increase or decrease inspiratory time in order to reach an acceptable tidal volume.
    c. REMEMBER: Traditionally on PCV, we consider the IPAP to be the pressure above PEEP. **You need to keep in mind that the IPAP we set on the V60 will NOT be added on top of the PEEP but will be the total pressure seen (peak pressure). Therefore, we may need to set the IPAP higher, especially if using in a bad ARDS patient on high PEEP.**
    d. Choose the appropriate IPAP, EPAP, Rate, Inspiratory Time, Rise and O_2 and select **ACCEPT**.
    e. Select **ALARMS** and set appropriate alarms. When finished select **ACCEPT**.
        i. REMEMBER: The V60 is not a smart ventilator and can go a long time before initiating an alarm. Please keep alarms tight. Your low rate should be set one below your set rate.

CIRCUIT ASSEMBLY AND SET UP OF V60 USING F&P HEATED CIRCUIT:

1. Assemble heated circuit just like you would when using the V60 noninvasively.
2. Place a 22 mm adapter on the exhalation port of the pressure line followed by a bacterial/viral filter (green). If you do not have a green filter available use a PAL filter.
3. Attach the in-line suction to the pressure line adapter and then the in-line suction to the ETT.
4. Turn V60 on and select **MENU**.
5. Select **MASK/PORT**.
6. Select **ETT/TRACH** and tap **ACCEPT**.
7. Select **OTHER** and tap **ACCEPT**.
8. Follow directions on the V60 screen to test and calibrate the circuit. Leave all filters attached when calibrating.
9. When looking at the Home Screen, Total Leak switches to Patient Leak. This tells you the leak around the cuff of the ETT.
10. On the Home Screen, select **MODE** and change to **PCV**. Pressure Control Ventilation is the preferred mode when using the V60 invasively.
    a. Increase IPAP to reach desired tidal volume.
    b. If using lung protective strategies, increase or decrease inspiratory time in order to reach an acceptable tidal volume.
    c. REMEMBER: Traditionally on PCV, we consider the IPAP to be the pressure above PEEP. **You need to keep in mind that the IPAP we set on the V60 will NOT be added on top of the PEEP but will be the total pressure seen (peak pressure). Therefore, we may need to set the IPAP higher, especially if using in a bad ARDS patient on high PEEP.**
    d. Choose the appropriate IPAP, EPAP, Rate, Inspiratory Time, Rise and O_2 and select **ACCEPT**.
    e. Select **ALARMS** and set appropriate alarms. When finished select **ACCEPT**.
        i. REMEMBER: The V60 is not a smart ventilator and can go a long time before initiating an alarm. Please keep alarms tight. Your low rate should be set one below your set rate.