



**ASSESSMENT OF THE
MECHANICAL POWER
TRANSMITTED TO THE PATIENTS
WITH MECHANICAL VENTILATION
IN INTENSIVE CARE UNITS
“MECHANICAL POWER DAY”**

HOSPITAL: _____

PATIENT IDENTIFICATION NUMBER: _____

PERSONAL PATHOLOGICAL ANTECEDENTS:

ADULTO		PEDIÁTRICO/NEONATO	
Date of birth:		Fecha de nacimiento	
Gender:		Gender:	
Height (cm):		Gestational age:	
Real weight (kg):		Birth weight (gr):	
Variables		Variables	
Smoker:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Lung maturation	Yes <input type="checkbox"/> No <input type="checkbox"/>
COPD	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bronchopulmonary dysplasia	Yes <input type="checkbox"/> No <input type="checkbox"/>
GOLD C o D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diaphragmatic hernia	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pulmonary surfactant administration	Yes <input type="checkbox"/> No <input type="checkbox"/>
Active lung neoplasm	Yes <input type="checkbox"/> No <input type="checkbox"/>	Congenital syndrome	Yes <input type="checkbox"/> _____ No <input type="checkbox"/>
Torathic radiotherapy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Congenital heart disease	Yes <input type="checkbox"/> _____ No <input type="checkbox"/>
Previous lobectomy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Malformation / stenosis of the airway	Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous lobectomy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Others	_____
Malformation / stenosis of the airway	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Others	_____		

ITEMS RELATED TO ICU ADMISSION:

- Reason for admission: Elija un elemento.
 - Date of admission to critical care area: Haga clic aquí o pulse para escribir una fecha.
 - Date of orotracheal intubation: Haga clic aquí o pulse para escribir una fecha.
 - Cause for intubation: Elija un elemento.
 - Cause for MV (if different from intubation): Elija un elemento.
 - ARDS: Elija un elemento.
 - Previous NIV: Yes No
 - Days of previous NIV:
 - Ventilator-associated complications:
 - o VAP: Yes No
 - o Pneumothorax: Yes No
 - Medication:
 - o Continuous infusion of sedatives: Yes No
 - o Continuous infusion of analgesics: Yes No
 - o Continuous infusion of neuromuscular blocking agents: Yes No
 - o Bolus injection of neuromuscular blocking agents: Yes No
 - RASS Scale: Elija un elemento.
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BLOOD GAS VALUES: (PREFERABLY FROM ARTERIAL BLOOD GAS)

	ABG []	VBG []
pH		
pO2 (mmHg)		
pCO2 (mmHg)		
HCO3 (mmol/L)		
Base excess (mEq/l)		
Lactate (mmol/L)		
SatvO2 (%)		

ITEMS RELATED TO MECHANICAL VENTILATION:

- Ventilator model:
- Ventilatory mode: - OTT Offset: Yes No

VARIABLE	CONTROLLED MODES (VCV, PCV, PRVC)	HIBRYD OR MIXED-MODES (SIMV, MMV)		SPONTANEOUS MODE WITH INSPIRATORY PAUSE (PSV, ASB, CPAP)	SPONTANEOUS MODE WITHOUT INSPIRATORY PAUSE (PSV, ASB, CPAP)
FIO2 (%)					
OTT number					
SatpO2(%)					
VT (cc)					
VTe (cc)					
PEEP (cmH2O)					
Plateau pressure (cmH2O)		<u>Spontan.</u>	<u>Mandat.</u>		
Driving pressure (mmHg)					
RRm (rpm)					
RRs (rpm)					
Ti					
PIP (cmH2O)					
C					
Raw					
Flow rate (l/min)					
PSV (cmH2O)					
VD/VT (%)					
ETCO2					
P0.1					

FiO2: fraction of inspired oxygen; VT: tidal volume; VTe: expired tidal volume; PEEP: positive end expiratory pressure; FRm: mandatory respiratory rate; FRs: spontaneous respiratory rate; Ti: inspiratory time; PIP: peak pressure; C: compliance; Raw: airway resistance; PSV: pressure support ventilation; VD/VT: ratio of dead space over tidal volume; ETCO2: end tidal CO2; P0.1: airway occlusion pressure during the first millisecond.

REGISTRATION FOR THE DAY OF DECEMBER 19, 2019:

Exitus: Yes No

Date of death: __ / __ / 2019

Extubation date (if available): __ / __ / 2019

ICU discharge: Yes No

Date of ICU discharge: __ / __ / 2019

Hospital discharge: Yes No

Date of hospital discharge: __ / __ / 2019