

More comfort for the patient and the nurse

Interview with Cécile Paret, Nurse, Font-Pré Regional Hospital, Toulon, France

Upon coming to work at the ICU at the hospital Font-Pré in Toulon, France, nurse Cécile Paret was not familiar with HAMILTON MEDICAL ventilators or ASV. However, she soon discovered the practical advantages to using ASV as part of her daily routine.

Q: Ms. Paret, what is your role in the ventilation of your patients?

A: My role is to set up the ventilator circuit and do the initial calibration. Physicians usually do the ventilator settings and the alarm settings or I do it on their order. Otherwise, I regularly use the 100% oxygen bypass, the nebulizer function, and standby when we do a T-tube trial. For noninvasive ventilation, doctors or respiratory therapists set the ventilators and I control the breath pattern and the leaks.

Q: For how long have you been working with HAMILTON MEDICAL ventilators?

A: I have been working with GALILEOs for around a year – actually since I joined this unit. I had previously worked in a medical ICU of a university hospital.

Q: What experience did you have with the other ventilators you have used in your career?

A: I had used the Dräger Evita 4, the MAQUET Servo 300 and Servo 900, as well as the Puritan Bennett 740. With some of these ventilators, it was difficult to identify the ventilation mode used and the type of alarm. With others, the switch between pressure support and volume control was not easy to do.

Q: How did you experience the switch to the GALILEO?

A: I was taught by the head nurse, my colleagues, and the physician of the unit. To learn how to use the GALILEO was easy, because it is very simple to use for what a nurse needs to do. The training with ASV was more difficult for me because I didn't know this ventilation mode.

"The learning is quick and the handling is very convenient from a nurse's point of view."

Q: And are you satisfied with the GALILEO?

A: I like this ventilator because it is very simple to use. The learning is quick and the handling is very convenient from a nurse's point of view. All I need is directly accessible: 100% oxygen bypass, nebulizer, standby, etc. The user interface is easy to use. Most of the parameters I need to control are on the main



Cécile Paret in the ICU of the hospital Font-Pré in Toulon, France.

The hospital Font-Pré in Toulon, France is a 900-bed general hospital for a community of 500,000. The mixed ICU of the hospital has 12 beds. There are 6 senior physicians, 1 resident physician, 25 nurses, 2 head nurses, and 1 respiratory therapist.

Since 2001, the ICU has been using an entire fleet of GALILEO ventilators for all of their patients. The ventilators are mounted to the shelf system of each bed.

Cécile Paret is an intensive care nurse in the unit.

screen: ventilation mode, ventilator settings, and breath pattern. The alarm messages are also clear and visible from far away, which is very convenient. For other monitoring, such as leaks in NIV, I can see the value with just one click.

Calibration and testing are easy and quick to do. The proximal flow sensor is different than in the other ventilator I used before, but it is not a problem to handle. We just have to make sure that the pressure tubes are upright.

User Report

Q: What about reliability?

A: I have never had any problem with breakdown or a ventilator malfunction.

"I am less stressed and more relaxed to care for the patients"

Q: In your unit, you use ASV almost exclusively. Being relatively new to ASV, what is the difference between working with ASV and conventional ventilation modes?

A: Oh yes, there are fewer nuisance alarms with ASV thanks to the good synchronization between ventilator and patient! The noise in the unit is reduced. This has a direct effect on my work: I am less stressed and more relaxed to care for the patients.

Interactions with the ventilator are also reduced when using ASV, especially during the weaning period, because ASV adapts to the patients as soon as they trigger the ventilator.

"We have reduced the dose and the length of sedation"

Q: How do patients respond to ASV?

A: I don't know what they feel and what their consciousness of ASV is, but they look very comfortable – even when they are not sedated. I have also seen that patients need less sedation and less deep sedation. We have reduced the dose and the length of sedation.

Q: How easy is it for you to interpret the ASV monitoring?

A: In ASV, we mainly have to look at tidal volume, respiratory rate, and inspiratory pressure. All these parameters are on the main screen. So it's very easy to monitor. To interpret the breath pattern is a little more difficult at first but with experience I got used to it.

Q: ASV is quite different from conventional ventilation modes. What do you think is important for other nurses to know about ASV in order to be more comfortable using it?

A: To be confident with it, one must know how it works and what the difference is between ASV as compared to volume control or pressure support. When nurses come into the unit, we explain that ASV adapts the ventilation support to the patients' needs in a timely manner. In other words: ASV delivers ventilation support adapted to the patients' needs with a good synchronization with the patients' efforts. This point is essential for me.

Q: Would you recommend ASV to other nurses?

A: Yes, because ASV is comfortable for the nurse and for the patient.

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