

# Facilitated weaning and better communication

## Interview with Dr. As Niza Abdul Shukor, Taiping Hospital

*Since using ASV, the ICU of the Taiping Hospital, Malaysia has experienced shorter ventilation times and less sedation use, which facilitates weaning and patient communication.*

Q: Dr. As Niza Abdul Shukor, how did you go about selecting new ventilators for your ICU?

A: We were evaluating ventilators from various manufacturers: the GALILEO Gold, the Puritan Bennett 840 and the Servo-i from Maquet at the time. We finally decided on the GALILEO because of ASV and the P/V Tool, which were not available on the other units.

We also liked the reliable data that the GALILEO displays on a breath-to-breath basis. Furthermore, the GALILEO provided the best value for the money.

### "One of the easiest ventilators to handle"

Q: You mentioned ASV as one of the top reasons. What did you expect from it?

A: We liked ASV because of the safety and automatic adjustment of the ventilator based on breath-by-breath analysis. This leads to a good patient-ventilator interaction – with the self-adjusted delivery of minute volume.

Q: How did you experience the switch to the new ventilators?

A: It was a smooth and easy change in a short period of time. I think the GALILEO is one of the easiest ventilators to handle – right from calibration to running the ventilator. The user interface with only two knobs for settings and monitoring is easy and helps to avoid mistakes.

### "I can now focus on other important aspects of intensive care management"

Q: Did ASV change the way you work?

A: Yes, definitely. I don't have to worry about ventilator settings. Nowadays, I don't spend so much time on making settings and frequent reviewing of settings. I can now focus on other important aspects of intensive care management.

Q: How do your patients respond?

A: ASV provides very good patient-ventilator interaction with the self-adjusted delivery of minute volume by the ventilator. We can use ASV in paralyzed as well as spontaneously breathing patients.



Dr. As Niza Abdul Shukor in the ICU of Taiping Hospital.

Taiping Hospital is a 610-bed hospital with a 16-bed multidiscipline intensive care unit.

The ICU has a fleet of ventilators consisting of 7 GALILEO (expecting 2 more), 3 Puritan Bennett 760, and 7 Bird Ventilators (8400i and 6400).

Dr. As Niza Abdul Shukor is Anesthesiologist and Intensive Care Specialist.

We also use less sedation now. Some patients only require analgesia without any sedation at all. The patients can be kept awake. This facilitates not only the weaning process, but also communication and monitoring of neuro-respiratory function. It also facilitates identifying complications, which are difficult to detect when patients are deeply sedated.

### "We see a characteristically shorter ventilation time since using ASV"

Q: On which patients do you use ASV and did you see any change in ventilation time?

# User Report

A: Today, we use ASV on almost all patients as long as there is no major leak. We see a characteristically shorter ventilation time since using ASV. We use ASV on patients with conditions from post-operative with normal lungs to ARDS/ALI.

I have noted that by keeping end-expiratory lung volume high, and thanks to the lung-protective strategies, ASV works well in ARDS.

## "ASV is the safest mode available"

Q: What would you recommend other users do to gain confidence in using ASV?

A: First try ASV in patients with normal lungs and patients with bronchial asthma. Then compare the use of ASV with conventional modes. I can definitely recommend ASV to other users. In my opinion, ASV is the safest mode available.

Q: Do you use any of the advanced monitoring and trended monitoring of the GALILEO?

A: Yes, I used advanced monitoring and trending on GALILEO to assess patient respiratory performance and progress. I can look at the respiratory pattern from the RSB index, the patient's effective inspiratory effort from P0.1, and I can adjust an appropriate I:E from the RCexp value. I also look at PTP and WOBimp to assess work by the patient to trigger the ventilator.

I also use 24-hour trending to assess the patient's condition.

## "We now use the deflation limb of the PV Tool 2 curve to select the appropriate PEEP"

Q: You mentioned that the P/V Tool was one of the reasons for choosing the GALILEO. Do you actually use the P/V Tool now in your daily work?

A: Yes, I use the P/V Tool to identify lower and upper inflection points (LIP and UIP).

From the deflation limb on the P/V Tool 2, I can identify the point of maximal derecruitment, the basis for selection of PEEP.

I can also check whether the selected PEEP level corresponds with the best Cstat value.

I also use the P/V Tool 2 for a recruitment maneuver at a selected pressure target (Ptop) and a pause time influenced by hemodynamic status.

Q: Finally, how do you judge the reliability of the GALILEO?

A: I like the excellent quality and reliability of the GALILEO. We did not have any major problems with the ventilators since we brought them to our ICU in April 2004. The GALILEO is also easy to maintain.

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