

## POST-TEST ANSWERS

1. True
2. False
3. True
4. True
5. True
6. False
7. True
8. True
9. True
10. True
11. True
12. True
13. False
14. G
15. B, A, C
16. A, A, D, A, C, B

Scenario 1 recommendations: Increase the IPAP to 11 cm H<sub>2</sub>O.

Scenario 2 recommendations: Increase the IPAP to 12 cm H<sub>2</sub>O and the EPAP to 7 cm H<sub>2</sub>O.

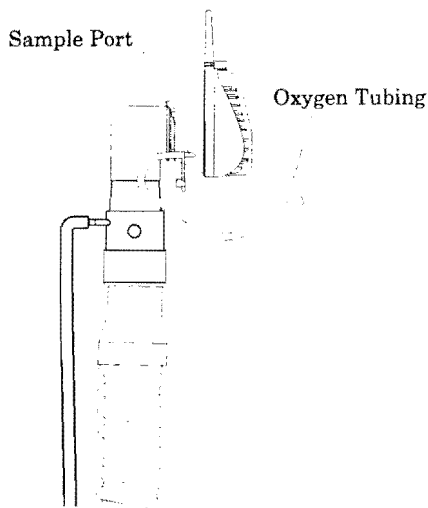


Figure 7-1

- Attach the oxygen tubing to one of the sample ports on or near the patient's interface, as indicated in Figure 7-1.
- Turn the BiPAP S/T-D 30 system on before turning on the oxygen supply.
- Turn the oxygen flow on to the desired setting.
- Turn off the oxygen supply before turning the BiPAP S/T-D 30 system off.
- If power to the BiPAP S/T-D 30 system has been turned off for any reason before the oxygen supply is turned off, allow the oxygen to dissipate from the unit before turning the BiPAP S/T-D 30 system on.

When adding oxygen to the patient circuit, the liter flow is gradually adjusted until the patient's oxygenation needs are adequately met. Patient monitoring should consist of, as a minimum, patient observation, oximetry (if used in the institution), and arterial blood gas measurement. If adequate oxygenation cannot be achieved, an alternate method of ventilatory support should be considered.

If the pressure settings, leak, or oxygen flow rate are changed at any time, or as patient status changes, the patient should be monitored to make sure that his or her oxygenation level is sufficient.

**WARNING:** At a fixed rate of supplemental oxygen flow, the inhaled oxygen concentration will vary depending on the pressure settings, patient breathing pattern, mask selection, and leak rate. This warning applies to almost all ventilator systems using a single tube circuit with a passive exhaust port.