

Appendix A

1. What is your role in your department?
 - a. Director/Manager
 - b. Supervisor
 - c. Staff Therapist
 - d. Educator
 - e. Other (unspecified)
2. Please answer the following questions about your facility:
 - a. Zip code where your facility is located
 - b. Number of inpatient beds
 - c. Number of adult ICU beds
 - d. Level 1 trauma center (enter 1 if yes, 2 if no)
3. What is your NEXT single strategy for patients who are failing conventional mechanical ventilation? (pick one)
 - a. APRV
 - b. HFOV
 - c. Prone Positioning
 - d. ECMO
 - e. Inhaled nitric oxide
 - f. Other pulmonary vasodilator
4. What other advanced strategies are available if a patient fails conventional mechanical ventilation (click all that apply):
 - a. APRV

- b. HFOV
 - c. Prone Positioning
 - d. ECMO
 - e. Inhaled iNO
 - f. Other Pulmonary vasodilator
 - g. We do not use any of these modes
5. Do you use APRV in adult patients?
- a. Yes
 - b. No
6. Is APRV managed via institutional protocol?
- a. Yes
 - b. No
7. Is pressure support used during spontaneous breaths with APRV?
- a. Yes
 - b. No
8. Initial P high setting
- a. 25 cmH₂O
 - b. Equal to the plateau pressure on conventional ventilator
 - c. Equal to the mean airway pressure on conventional ventilator
 - d. 2-5 cmH₂O above mean airway pressure on conventional ventilator
 - e. Goal tidal volume of 6 ml/kg/pbw
9. Initial P low setting
- a. 0 cmH₂O

- b. 2-5 cmH₂O
- c. Match PEEP from conventional ventilator
- d. Variable depending upon oxygenation

10. Initial T high setting

- a. 2-3 seconds
- b. 4-6 seconds
- c. 6-8 seconds
- d. Per desired minute ventilation and respiratory rate
- e. Per inspiratory to expiratory (I:E) ratio

11. Initial setting for T low

- a. Set time (i.e. 0.2-0.8 seconds)
- b. Per desired inspiratory to expiratory (I:E) ratio
- c. When expiratory flow equals 25-40% peak expiratory flow
- d. When expiratory flow equals 41-55% peak expiratory flow
- e. When expiratory flow equals 56-75% peak expiratory flow

12. In general, when the pH is unacceptably low and the PaCO₂ is elevated,

adjustments are made in what order? If a strategy is never used, check N/A box

- a. Increase P high (assume P high is less than 25 cmH₂O)
- b. Increase T low and decrease T high
- c. Increase respiratory rate (decrease T high)
- d. Add or increase pressure support
- e. Adjust sedation (i.e. increase spontaneous breathing)
- f. Other (not specified)

13. In general, when oxygenation is unacceptably low, what adjustments are made in what order? If a strategy is never used, check N/A box

- a. Increase P high (assume P high is less than 25 cmH₂O)
- b. Increase T high, decrease T low
- c. Increase P low
- d. Increase FiO₂ (if FiO₂ ≤ to 0.60)
- e. Other (not specified)

14. During release phase, what is the maximum allowed tidal volume?

- a. 4-6 ml/kg
- b. 6-8 ml/kg
- c. 8-10 ml/kg
- d. > 10 ml/kg
- e. No limit

15. What is the maximum allowed setting for P high?

- a. 30 cmH₂O
- b. 35 cmH₂O
- c. 40 cmH₂O
- d. No maximum