

# Les courbes du ventilateur

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## LIENS D'INTÉRÊTS

Aucun

## PLAN

1. Les courbes en volume assisté contrôlé
2. Les principales pressions à connaître et monitorer
3. Cas cliniques 1 & 2
4. Les courbes en ventilation spontanée avec aide inspiratoire
5. Cas cliniques 3 & 4

# **Les courbes en volume assisté contrôlé**

# ECRAN DU VENTILATEUR



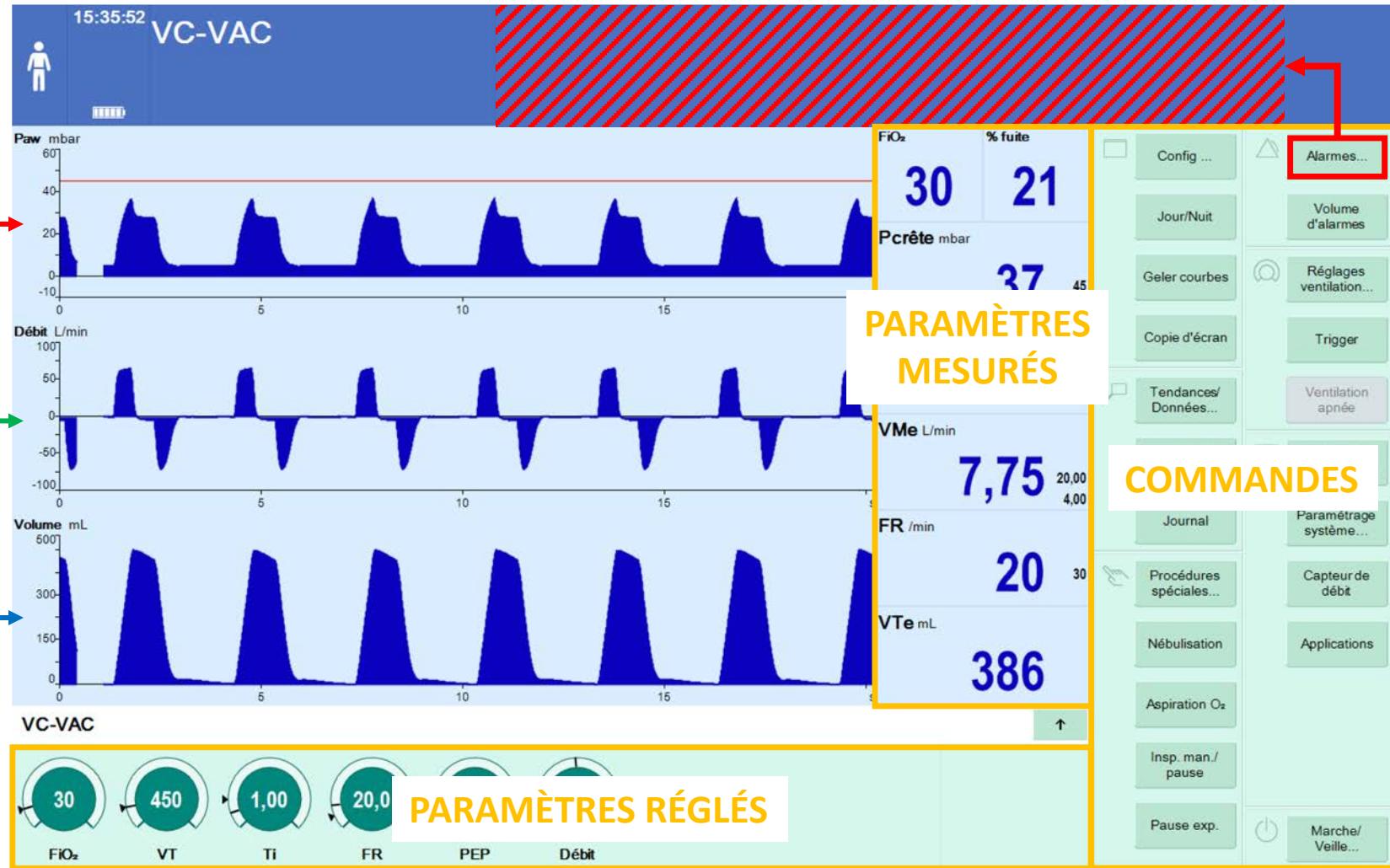
# ECRAN DU VENTILATEUR

3 COURBES

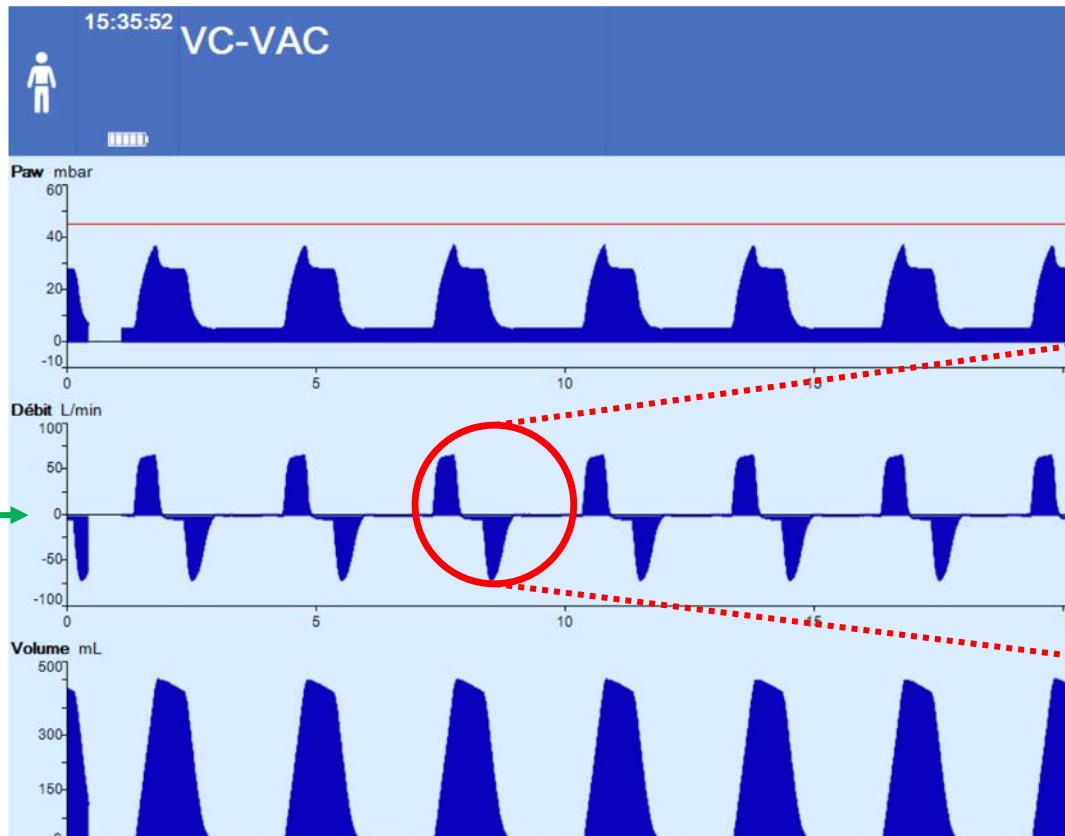
Pression

Débit

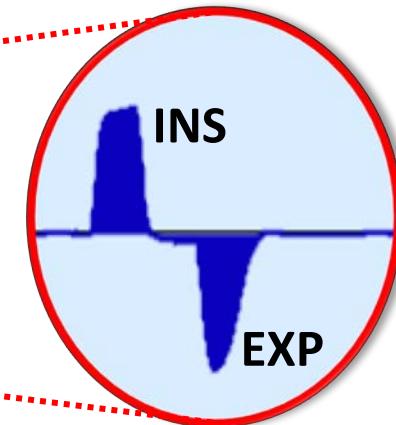
Volume



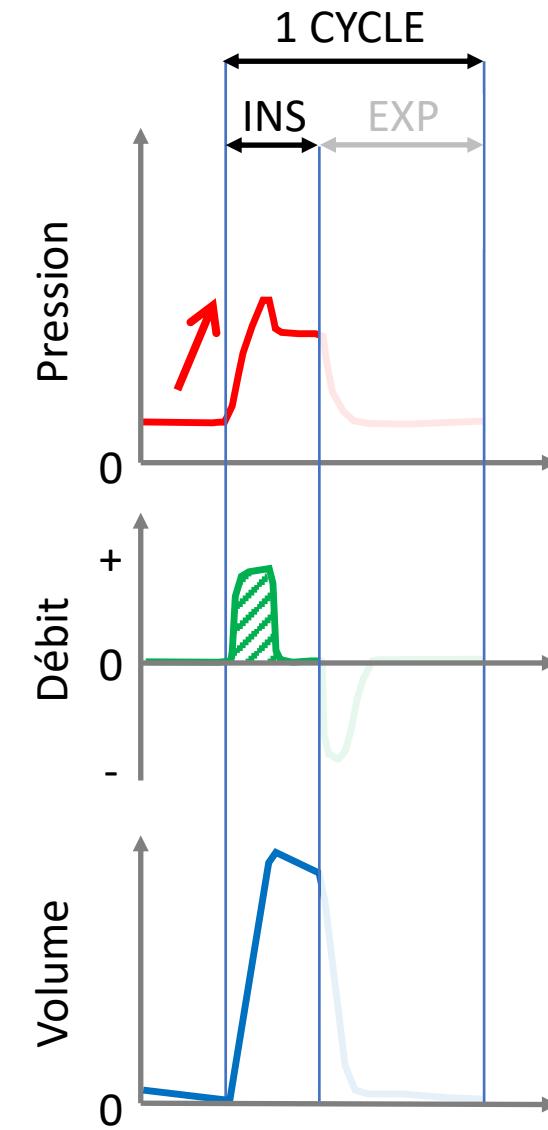
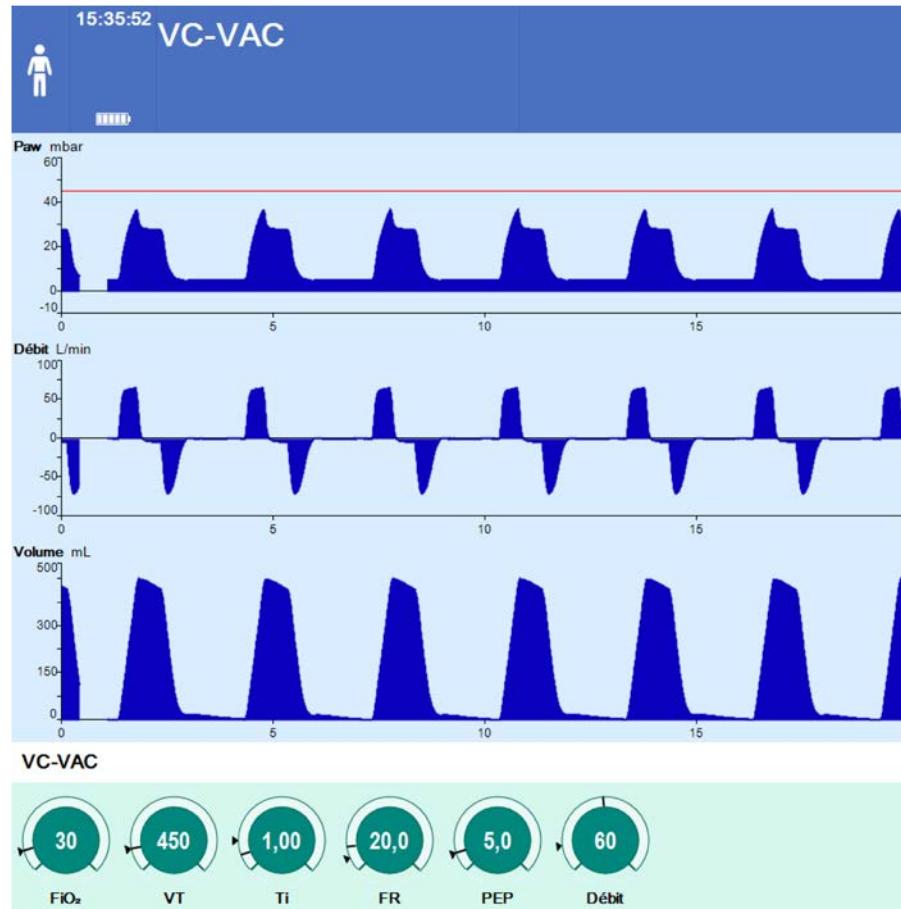
# VENTILATION EN VOLUME (ASSISTÉ) CONTRÔLÉ



1 cycle respiratoire



# VENTILATION EN VOLUME CONTRÔLÉ : phase inspiratoire



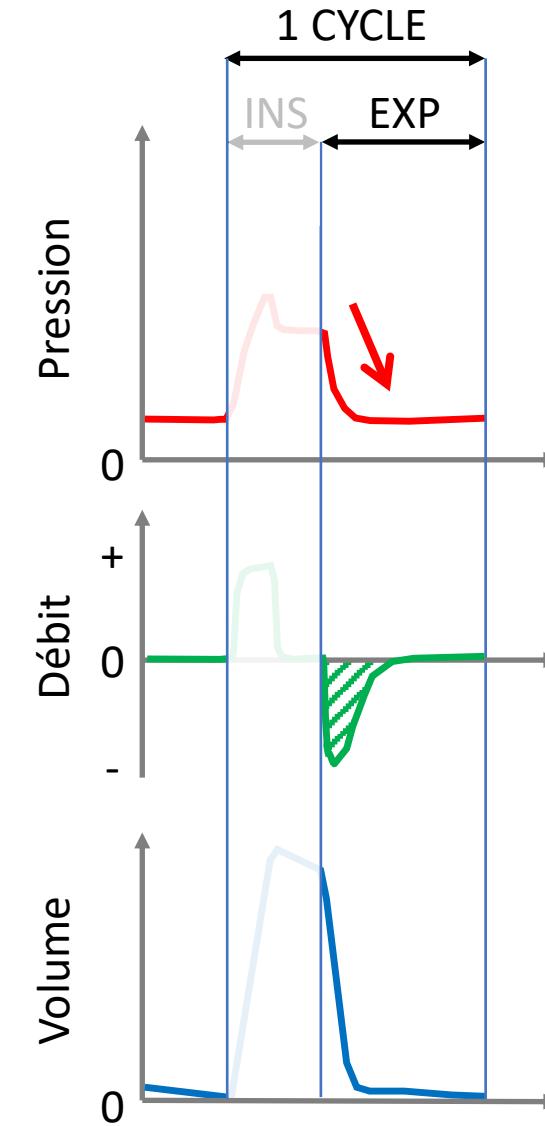
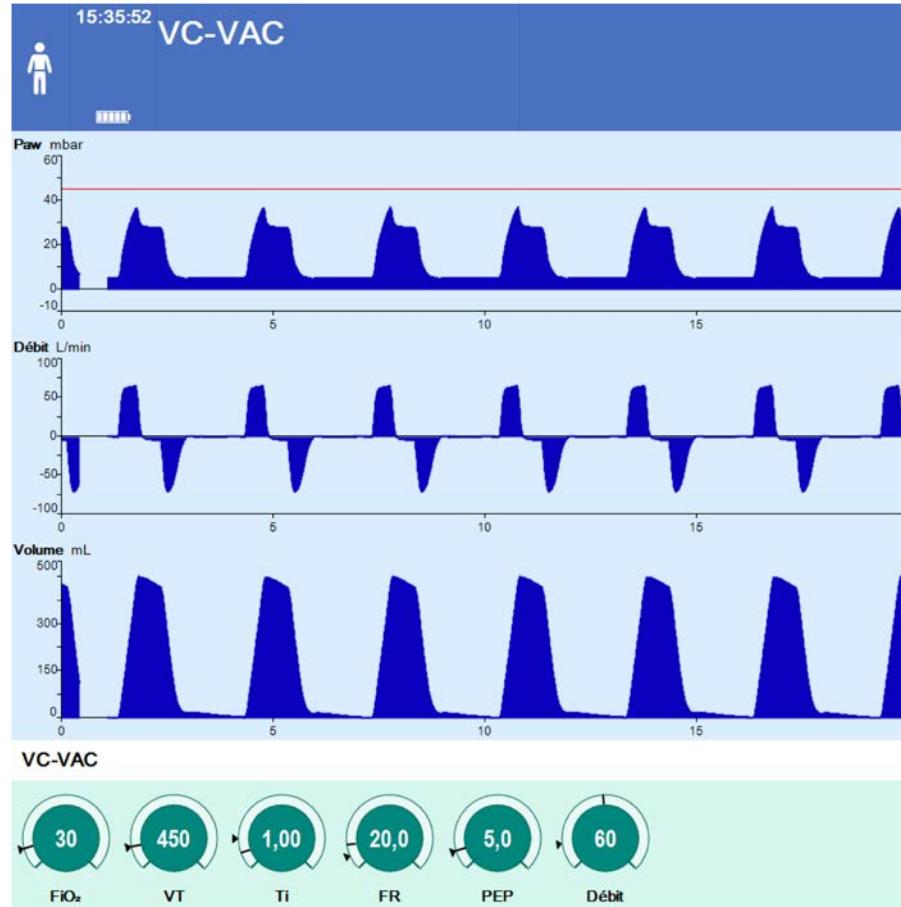
Surveillance +++

**Augmentation Paw**

**Débit :**  
- Positif (vers le haut)  
- Constant (carré)

**Génération du Vt**

# VENTILATION EN VOLUME CONTRÔLÉ : phase expiratoire



Diminution Paw

Débit :

- Négatif (vers le bas)
- Passif

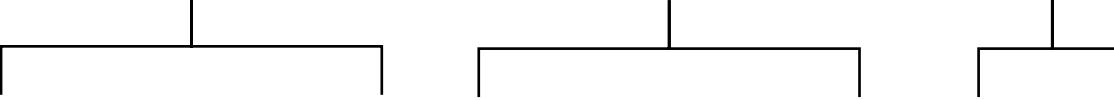
Vidange du Vt

# VENTILATION EN VOLUME CONTRÔLÉ : équation du mouvement

## Equation du mouvement du système respiratoire

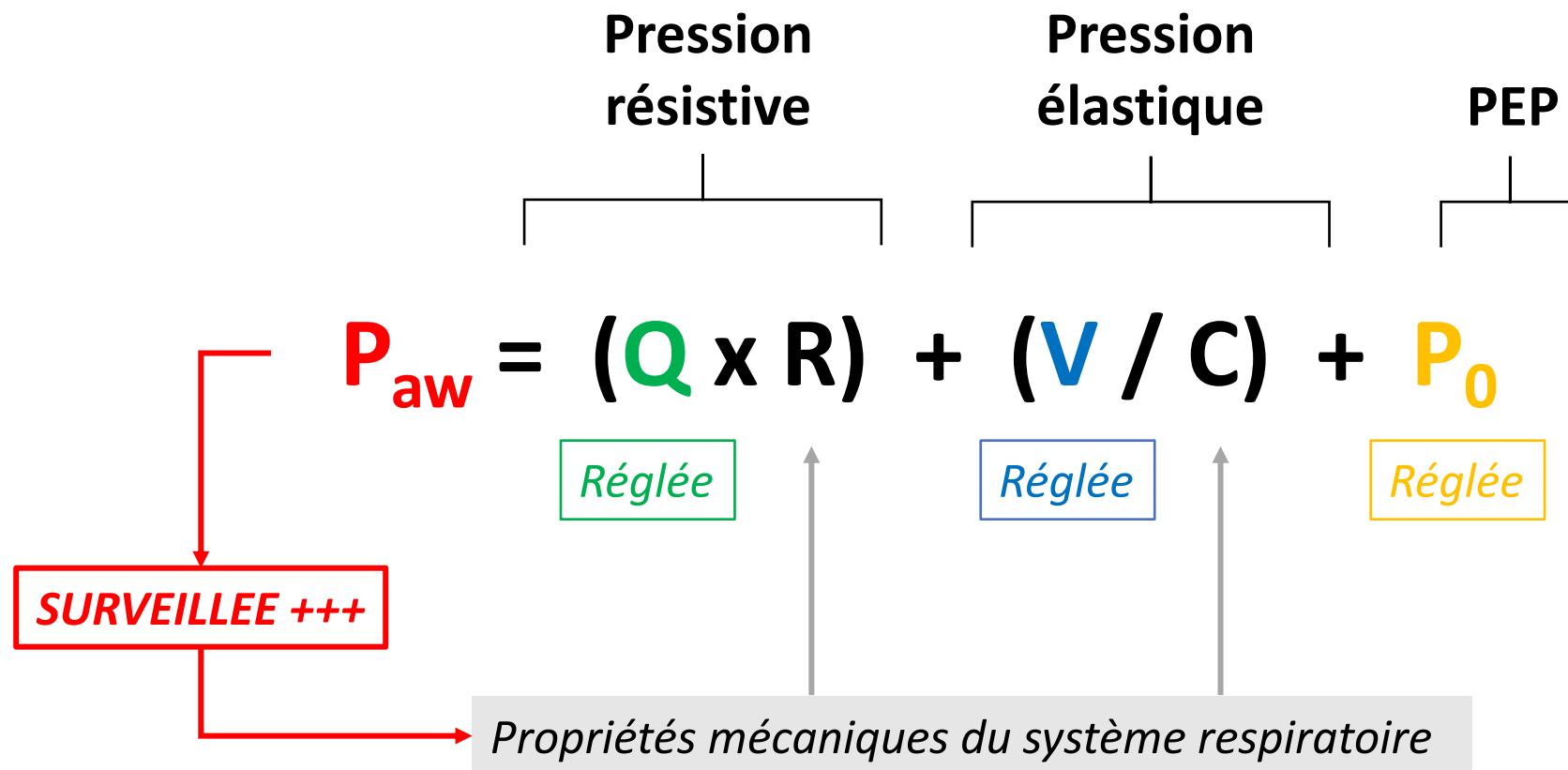
$$P_{aw} = (Q \times R_{rs}) + (V / C_{rs}) + P_0$$

Pression résistive      Pression élastique      PEP



# VENTILATION EN VOLUME CONTRÔLÉ : équation du mouvement

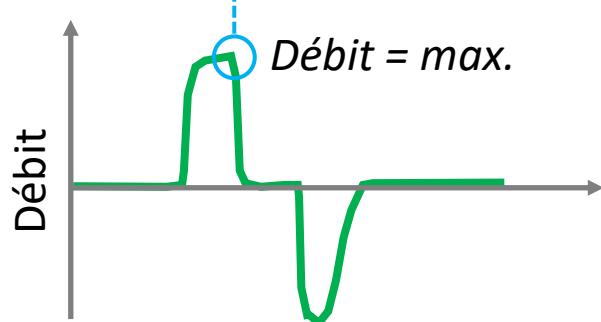
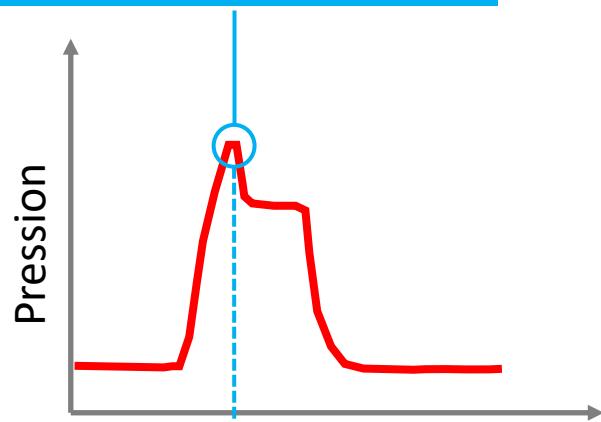
## Equation du mouvement du système respiratoire



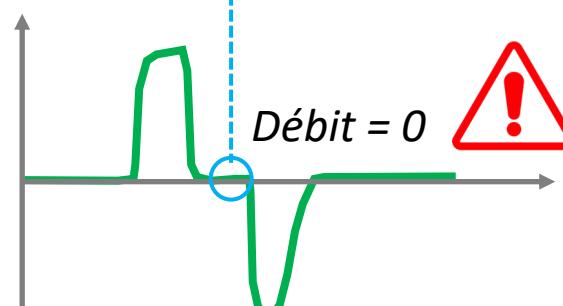
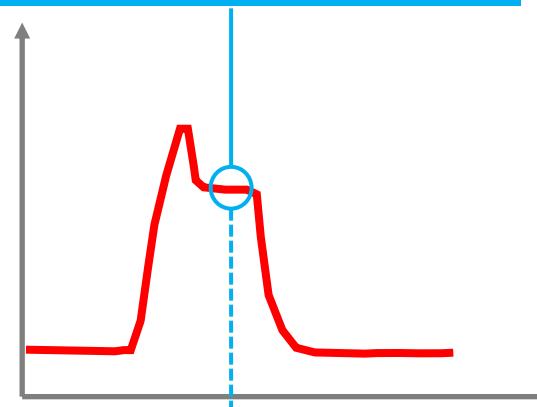
## **Les principales pressions à connaître et monitorer**

# PRESSION DANS LES VOIES AERIENNES

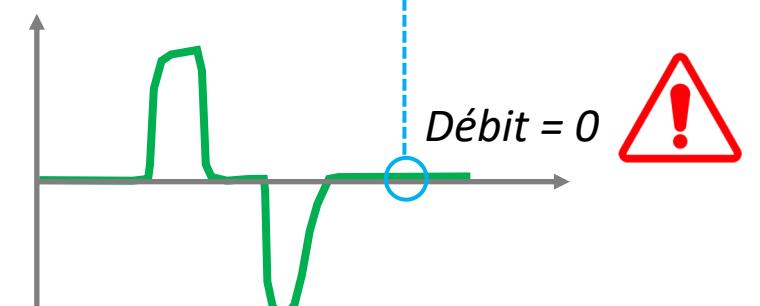
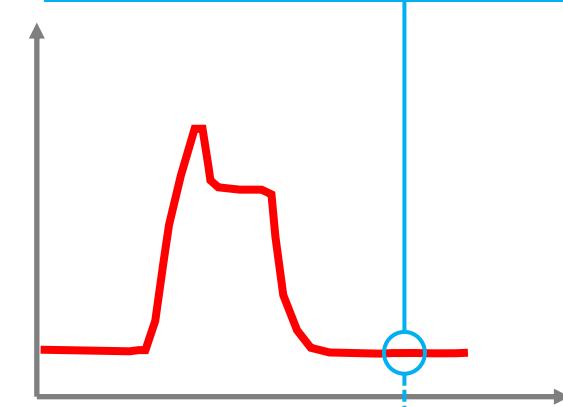
Pression de crête ( $P_{crête}$ )



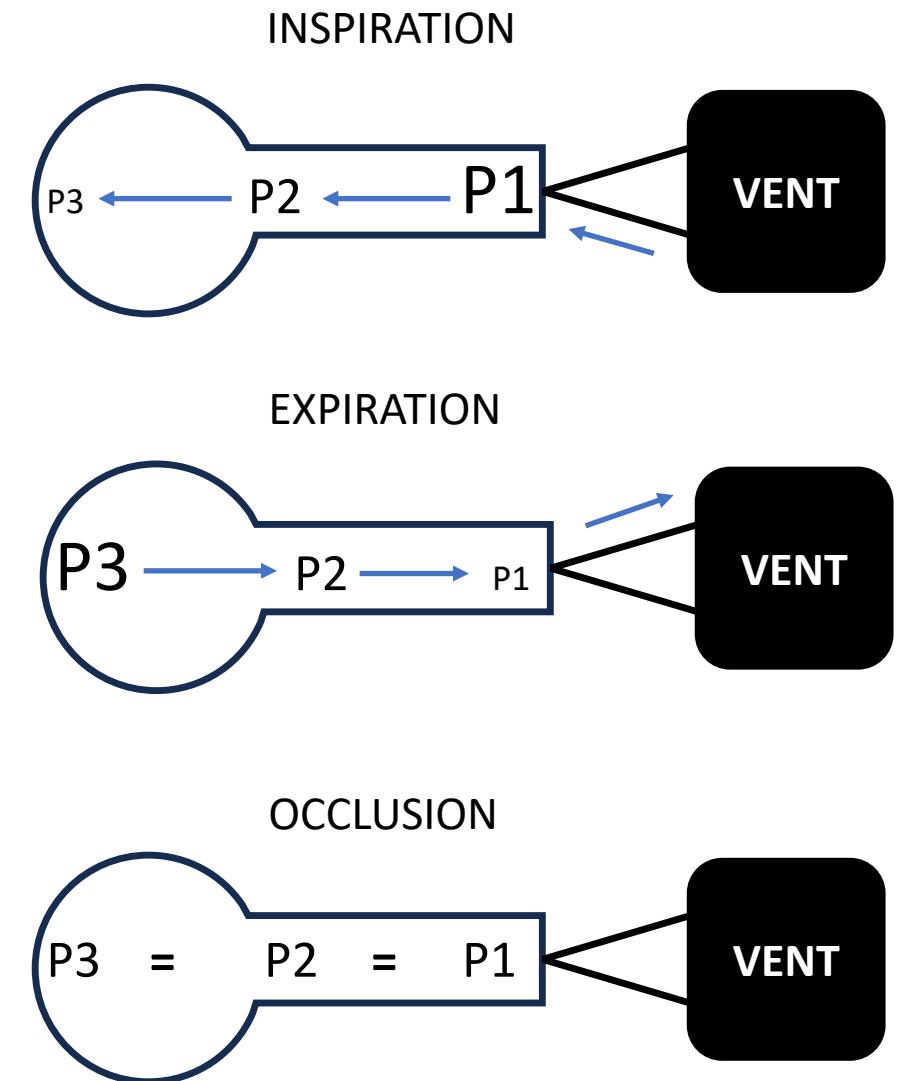
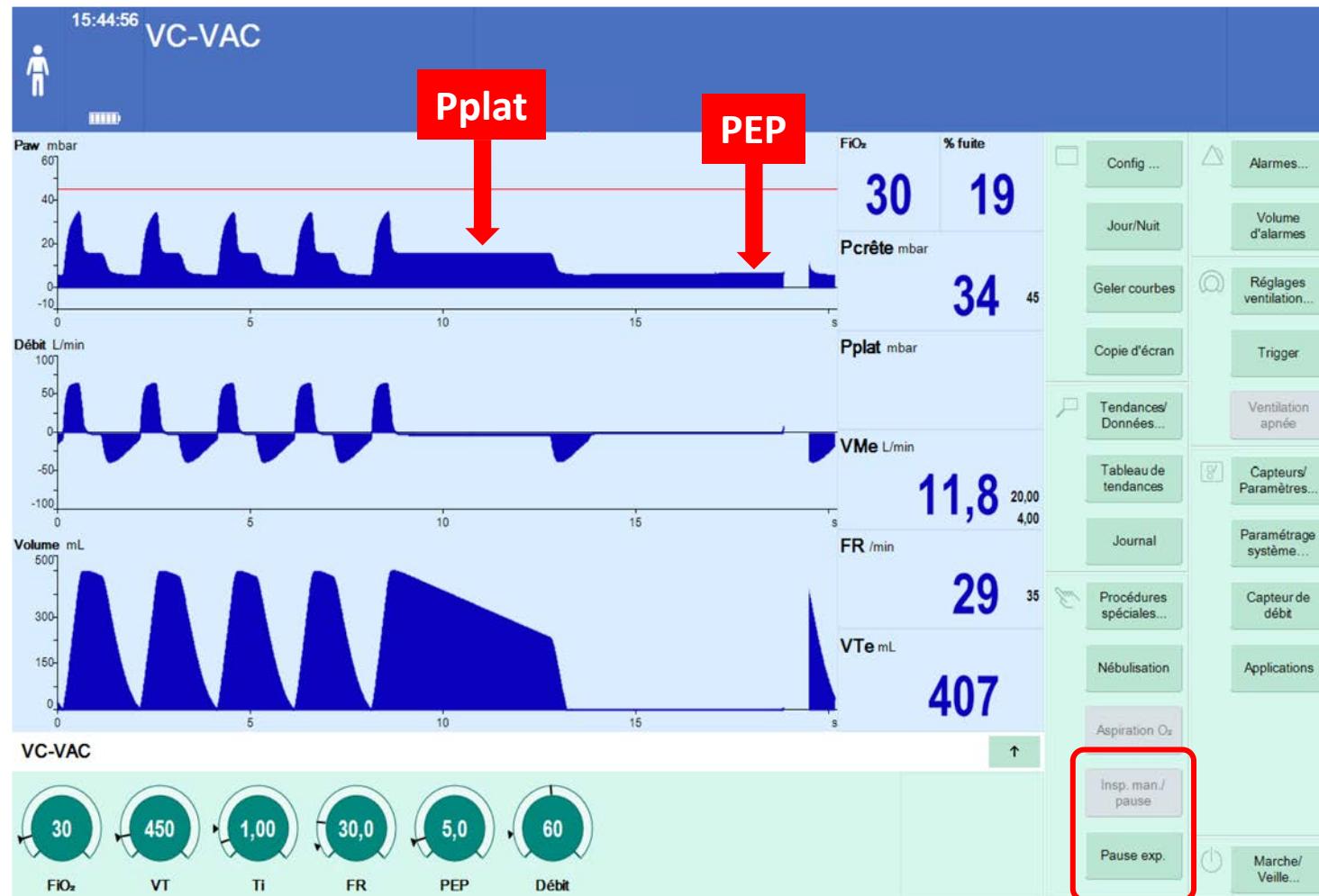
Pression de plateau ( $P_{plat}$ )



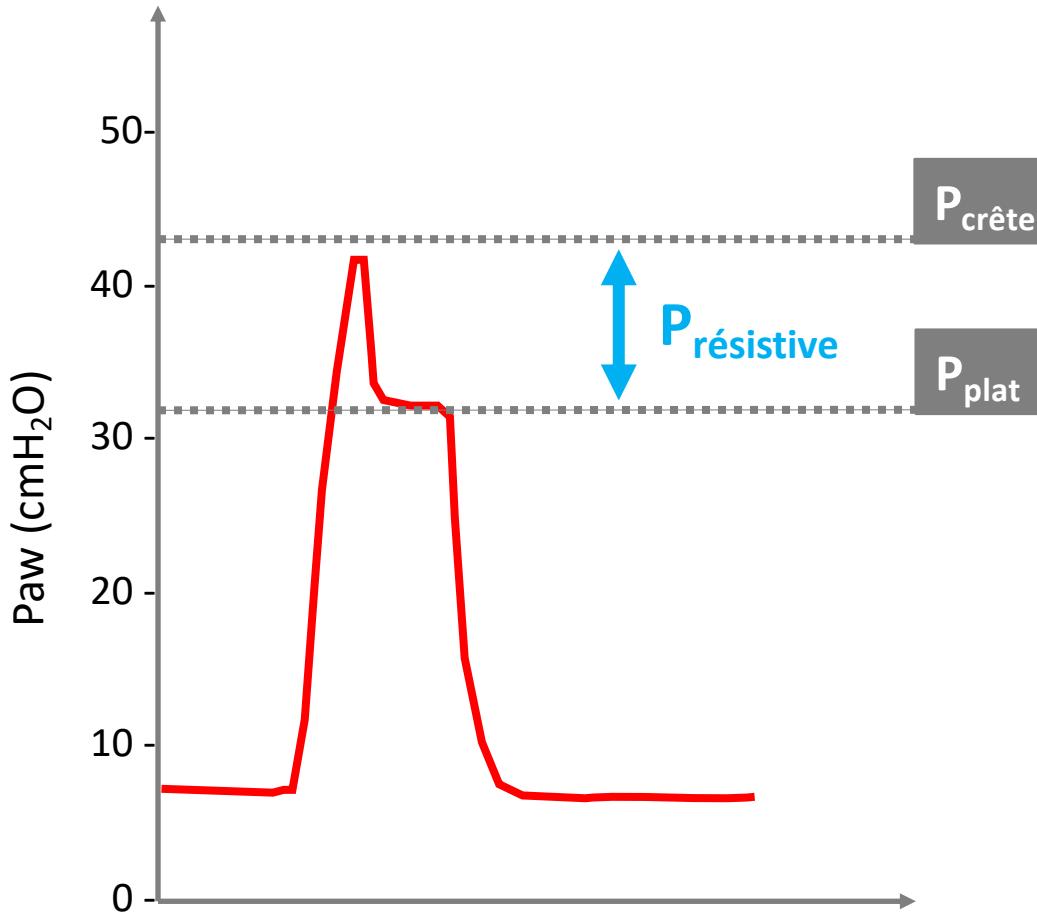
Pression expiratoire positive (PEP)



# VENTILATION EN VOLUME CONTRÔLÉ

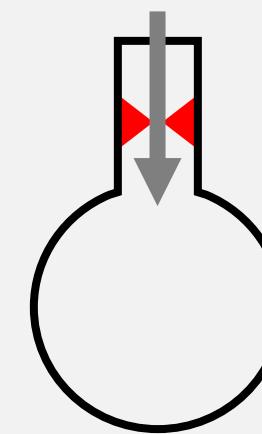


# PRESSION RESISTIVE & RESISTANCE



$$P_{\text{résistive}} = Q \times R$$

$$R = \frac{P_{\text{résistive}}}{Q} = \frac{(P_{\text{crête}} - P_{\text{plat}})}{Q}$$

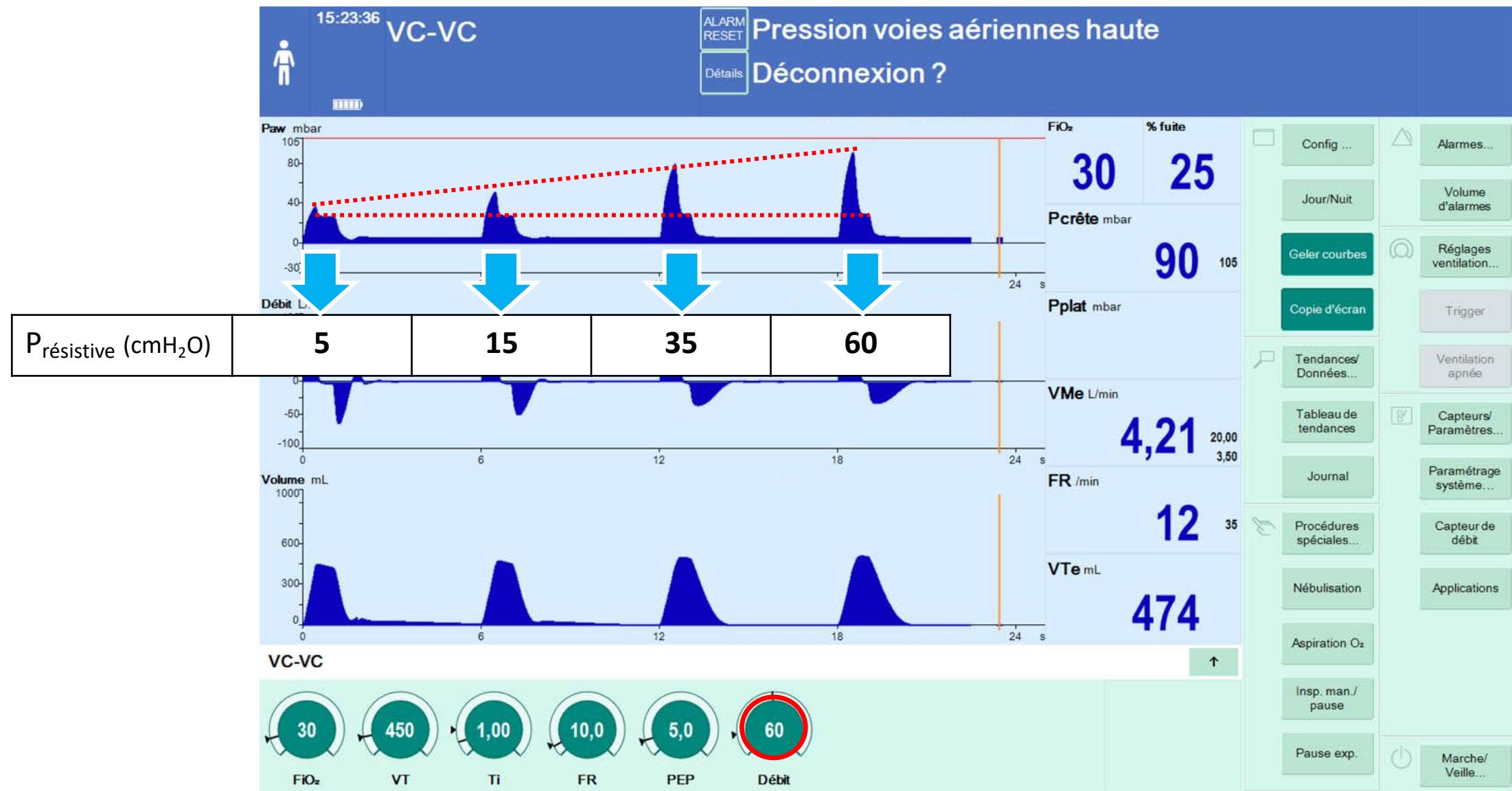


$$R = 5-10 \text{ cmH}_2\text{O/L/S}$$

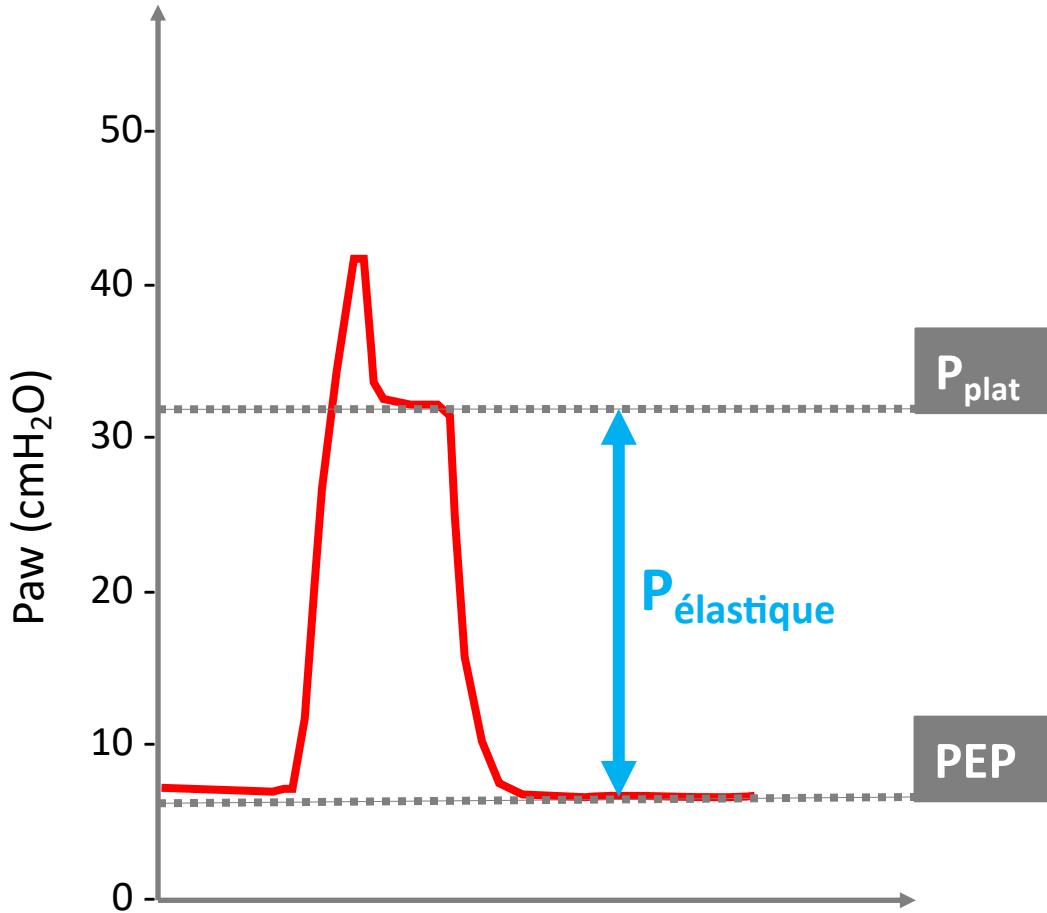
Augmentée si:

- Morsure de la sonde
- Bouchon muqueux
- Bronchospasme

# PRESSION RESISTIVE & RESISTANCE

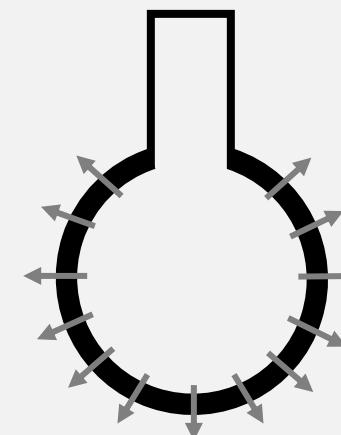


# PRESSION ELASTIQUE & COMPLIANCE



$$P_{\text{élastique}} = V \div C$$

$$C = \frac{V}{P_{\text{élastique}}} = \frac{V}{(P_{\text{plat}} - P_{\text{EP}})}$$

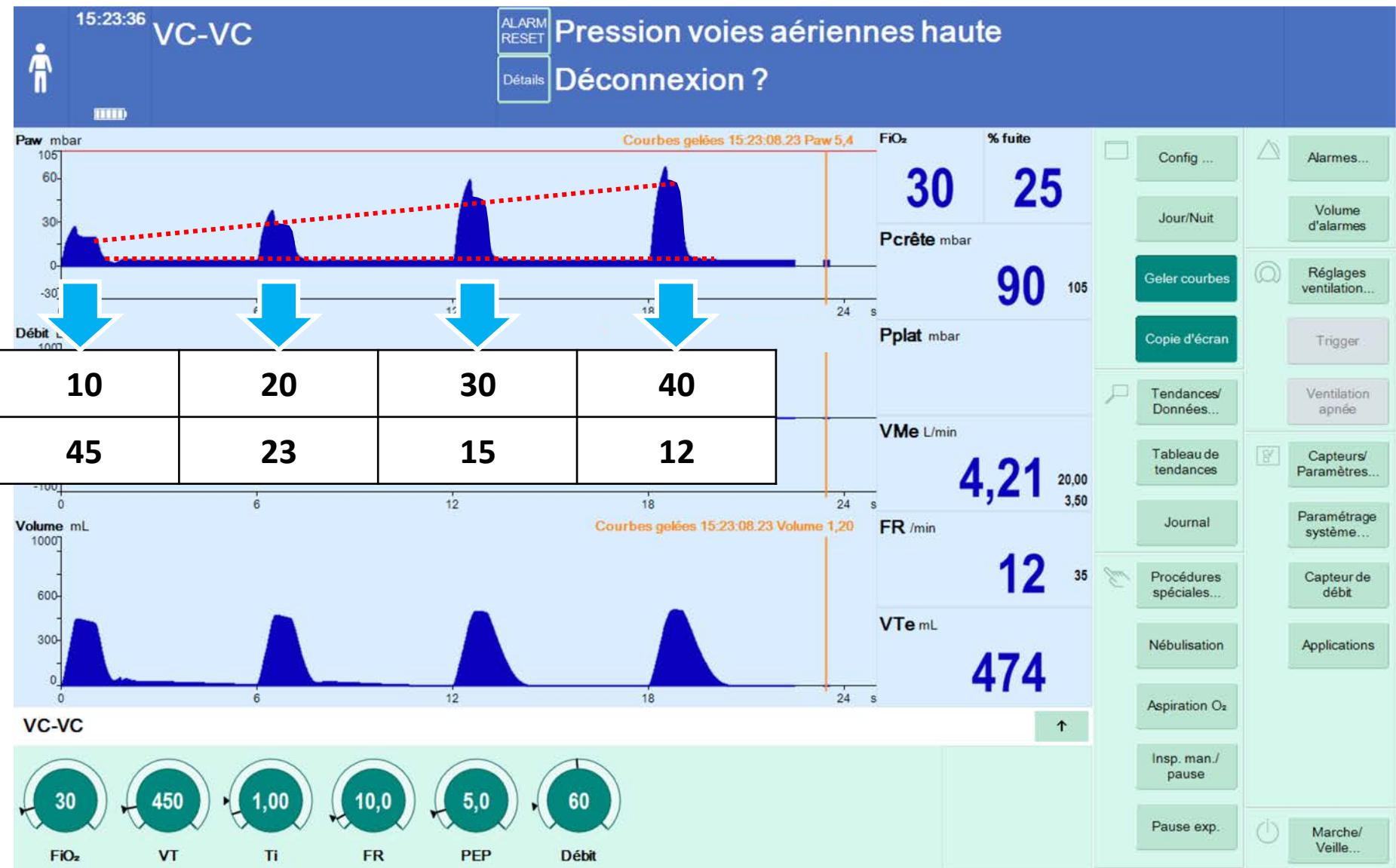


$$C = 50-80 \text{ mL/cmH}_2\text{O}$$

Diminuée si:

- Pneumothorax
- Atélectasie
- SDRA

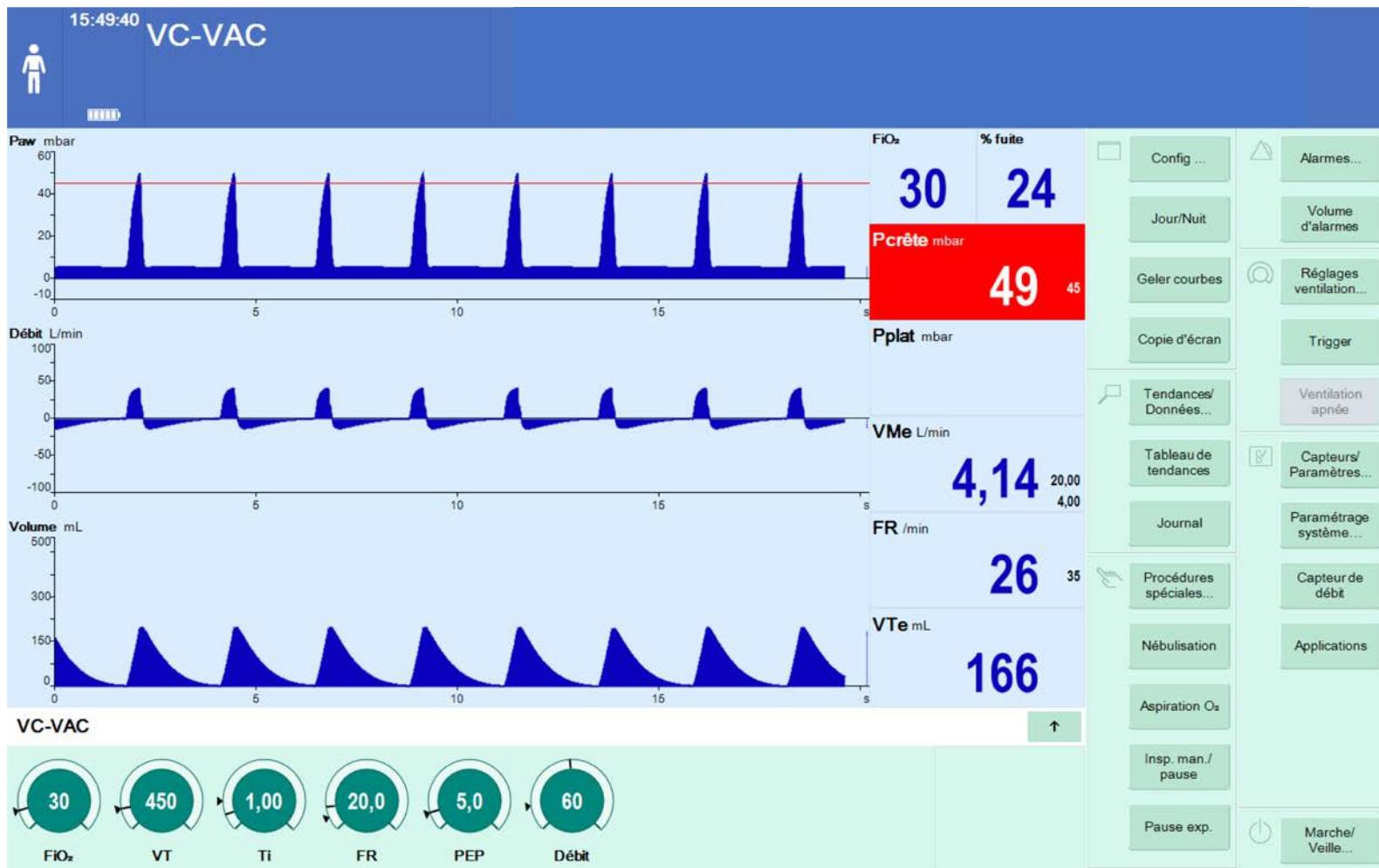
# PRESSION ELASTIQUE & COMPLIANCE



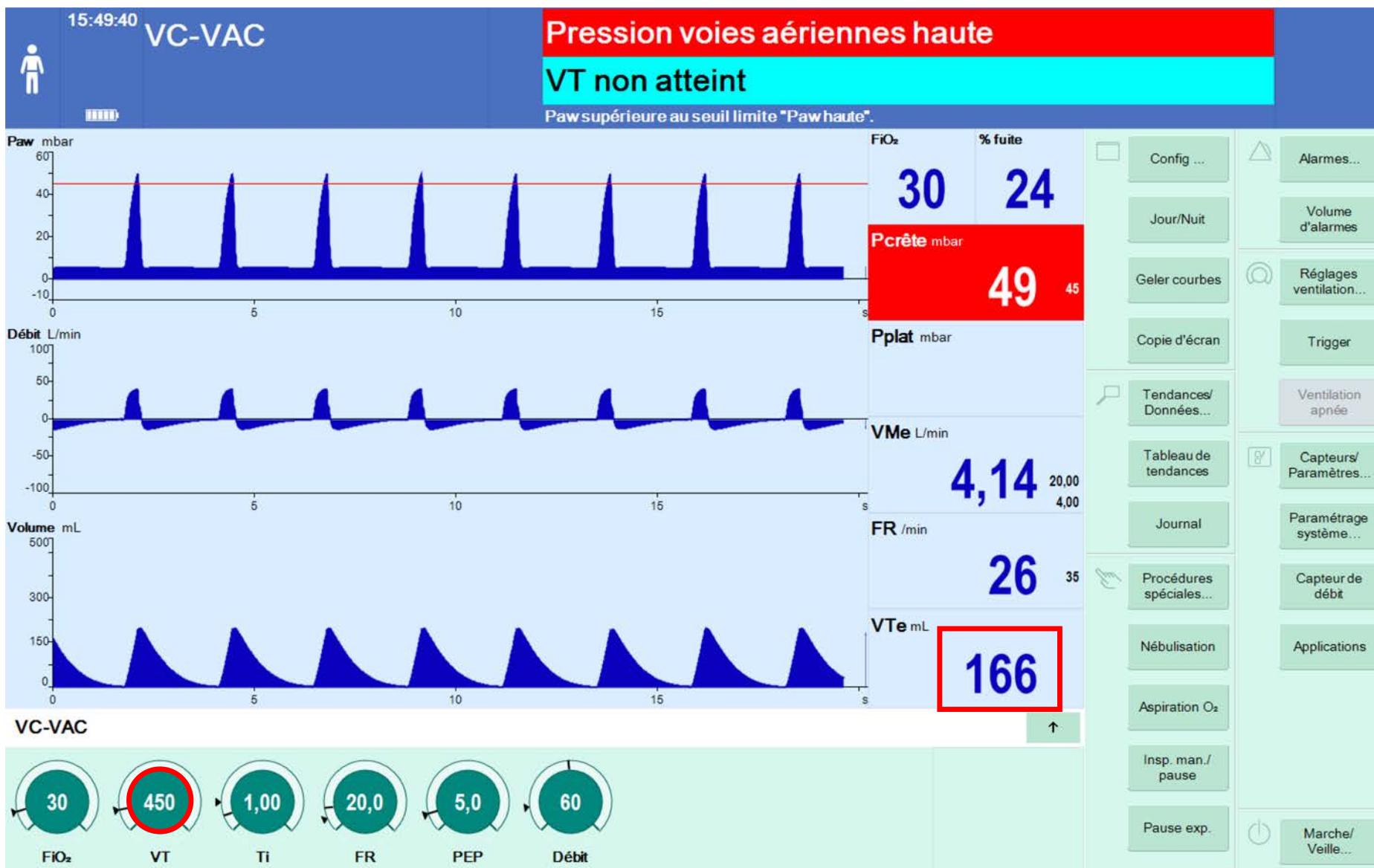
## **Cas clinique 1 & 2**

# CAS CLINIQUE #2

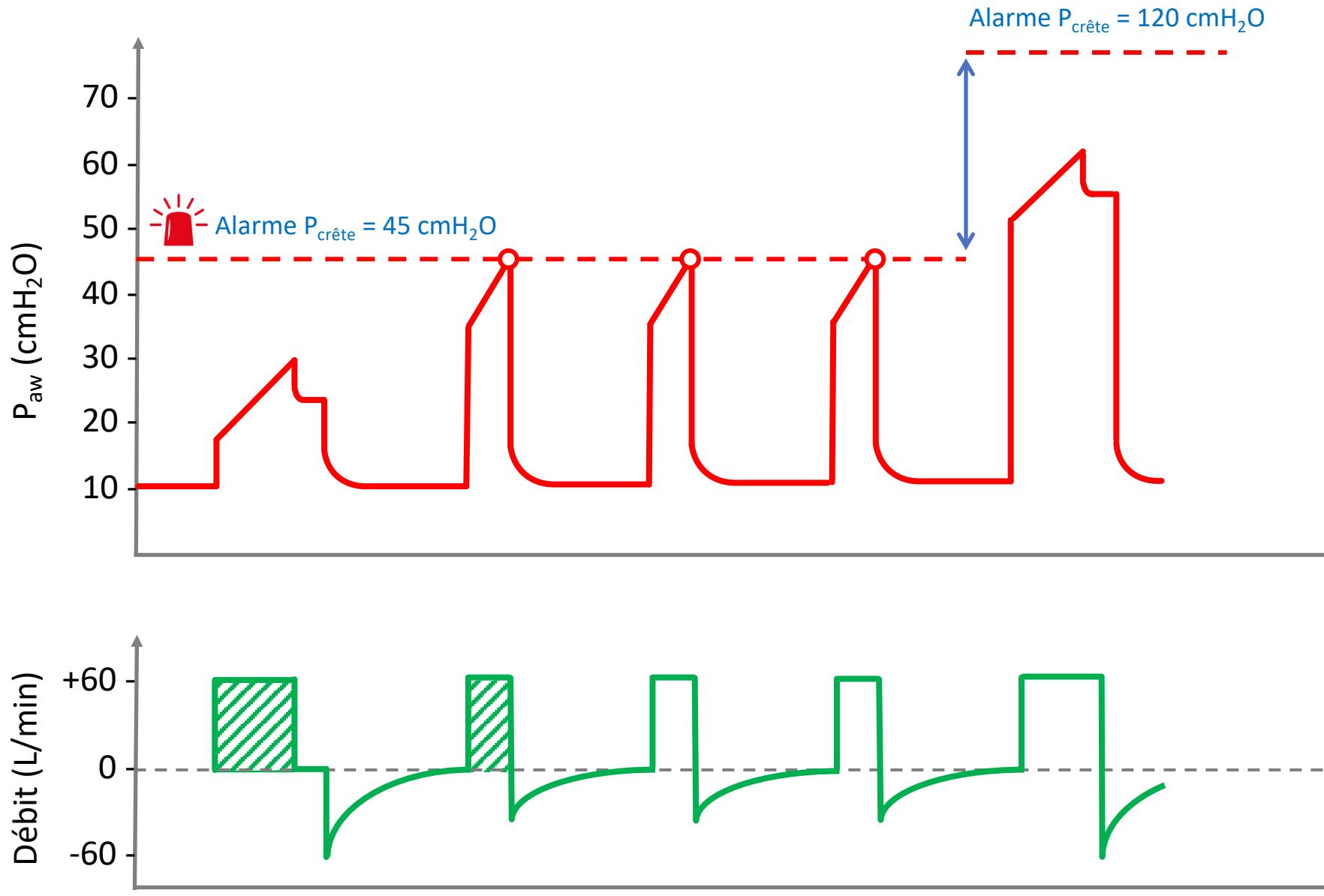
Coma calme (IMV au oxazepam), pneumopathie d'inhalation, RASS -4



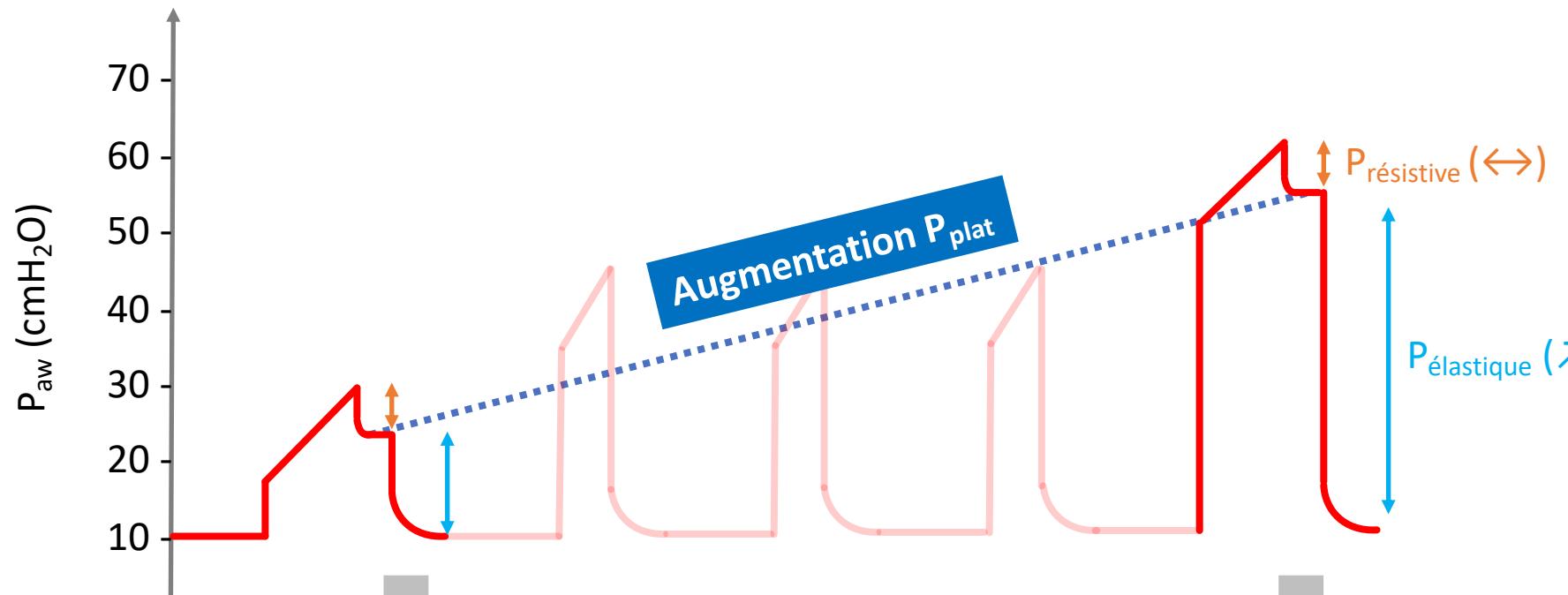
# CAS CLINIQUE #2



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$$P_{résistive} = P_{crête} - P_{plat} = 5$$

$$P_{élastique} = P_{plat} - PEP = 15$$

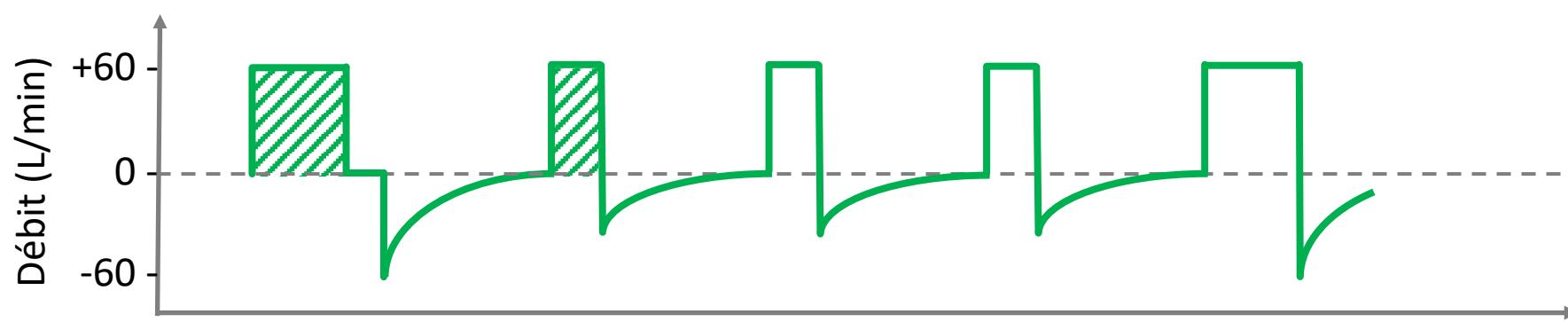
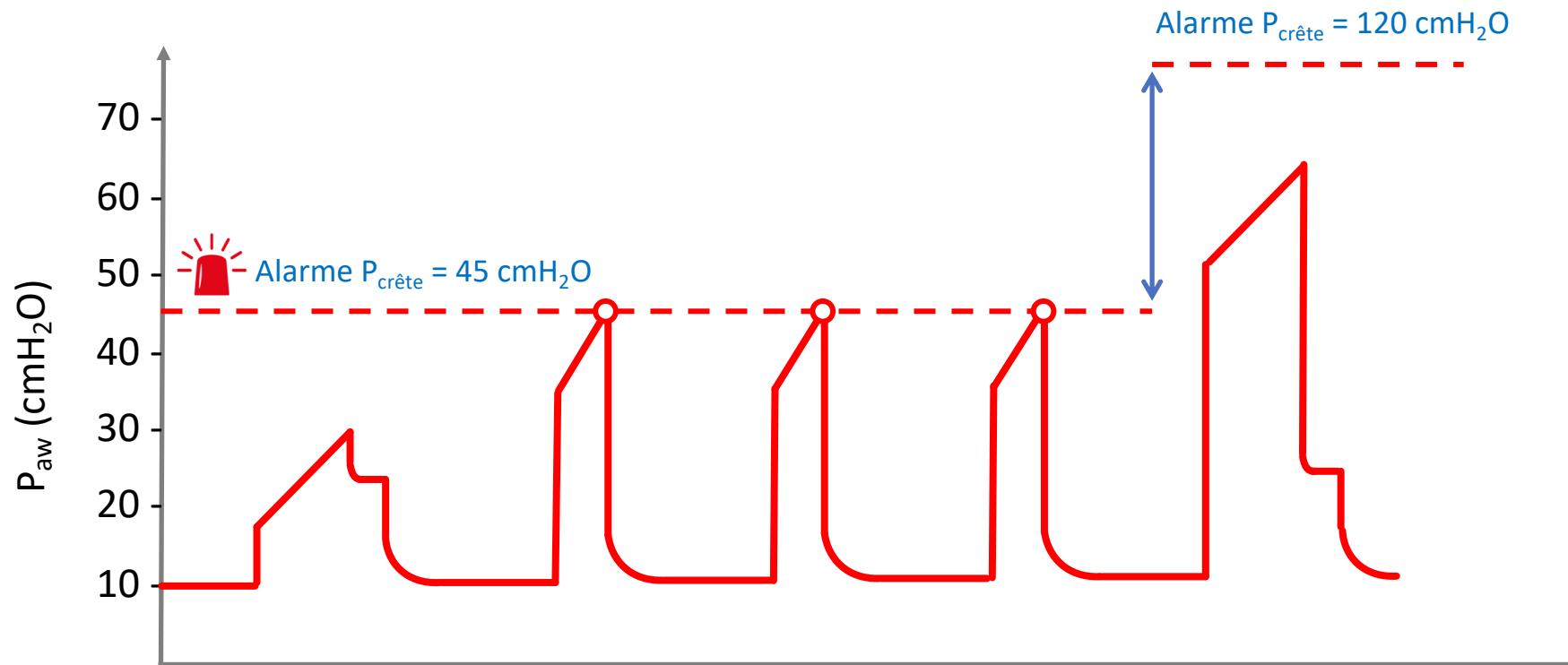
$$P_{résistive} = P_{crête} - P_{plat} = 5$$

$$P_{élastique} = P_{plat} - PEP = 45$$

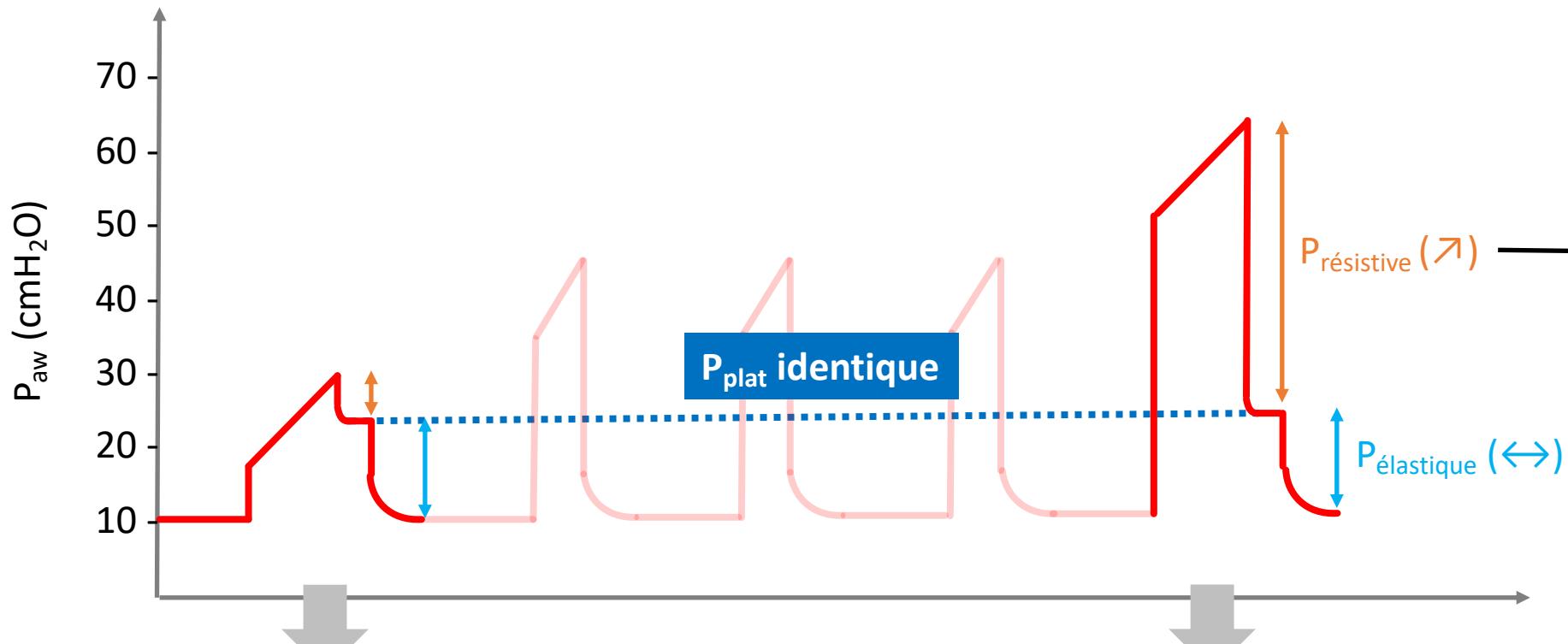
Diminution compliance :

- Atélectasie
- Pneumothorax
- Intubation sélective

## CAS CLINIQUE #2



## CAS CLINIQUE #2



Augmentation résistance :

- Bronchospasme
- Obstruction sonde
- Morsure sonde

$$P_{résistive} = P_{crête} - P_{plat} = \mathbf{35}$$

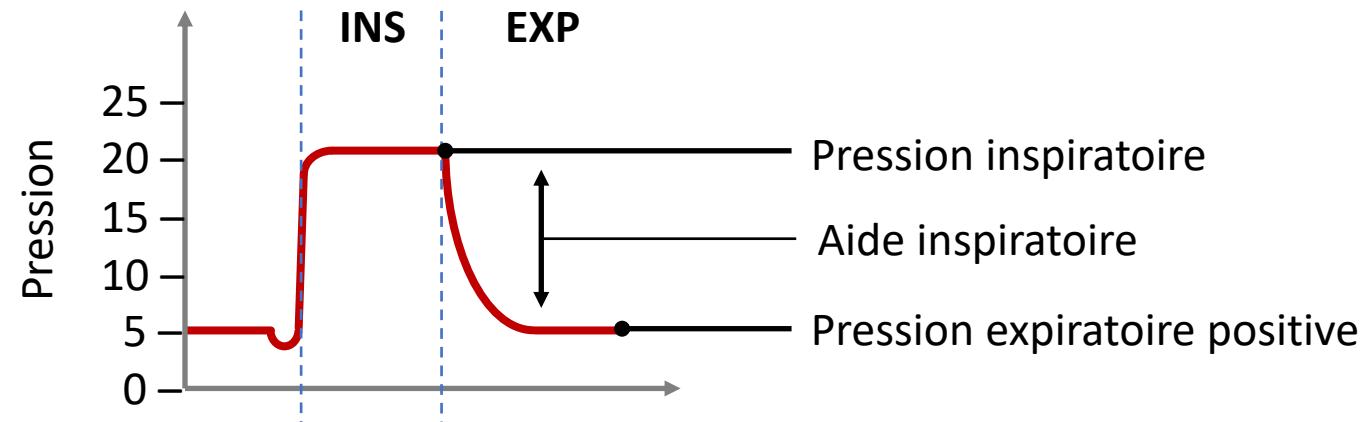
$$P_{élastique} = P_{plat} - PEP = 15$$

# **Ventilation spontanée avec aide inspiratoire**

# VENTILATION SPONTANEE AVEC AIDE INSPIRATOIRE



# REGLAGE DE L'AIDE INSPIRATOIRE



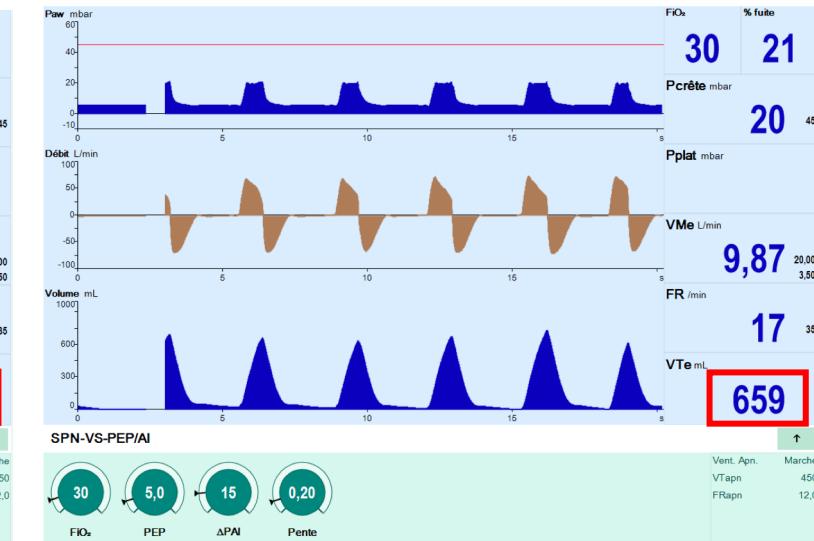
$Ai = 5 \text{ cmH}_2\text{O}$



$Ai = 10 \text{ cmH}_2\text{O}$



$Ai = 15 \text{ cmH}_2\text{O}$

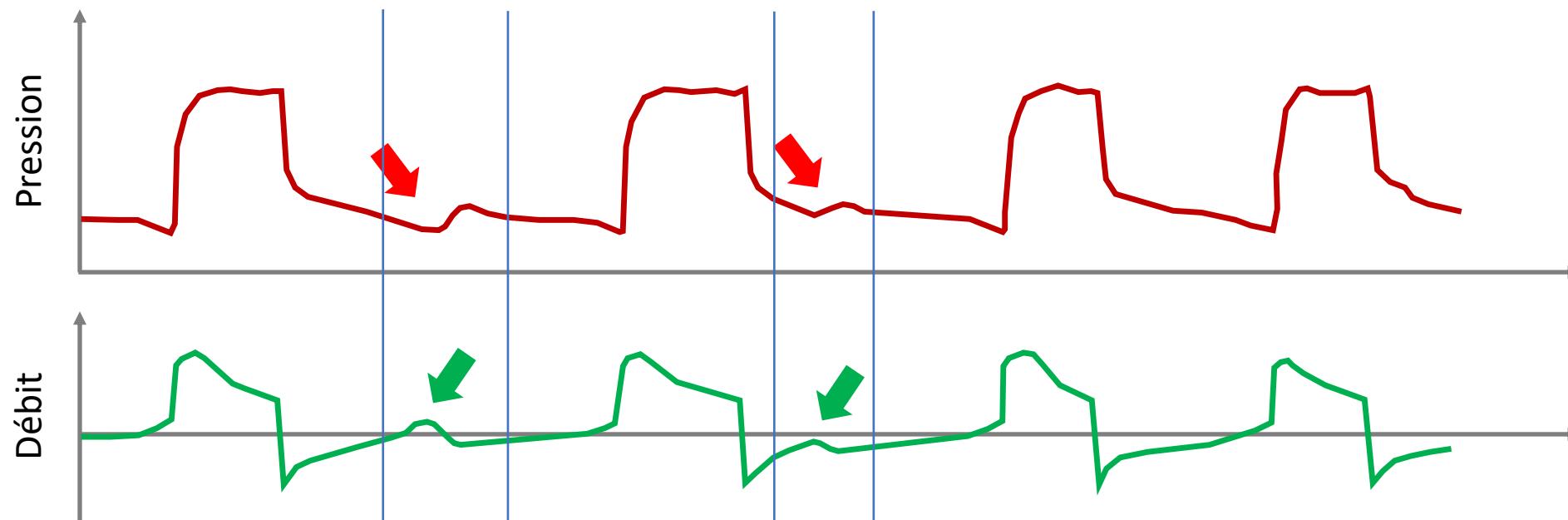


## **Cas cliniques 3 & 4**

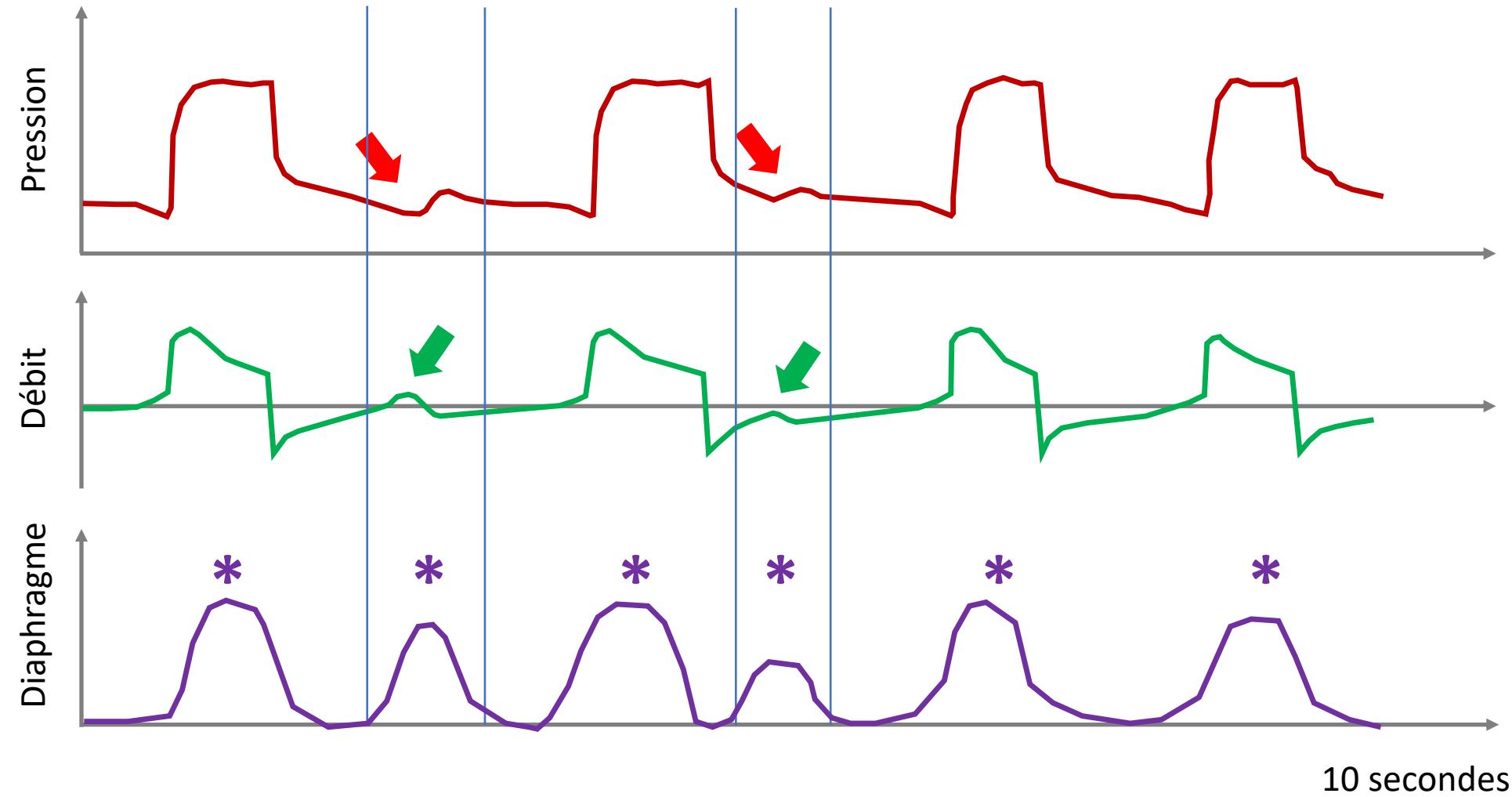
# CAS CLINIQUE #3

Pneumopathie aiguë communautaire, RASS -1

VSAI 16 + 5 cmH<sub>2</sub>O → FR 18/min et Vt 580 mL



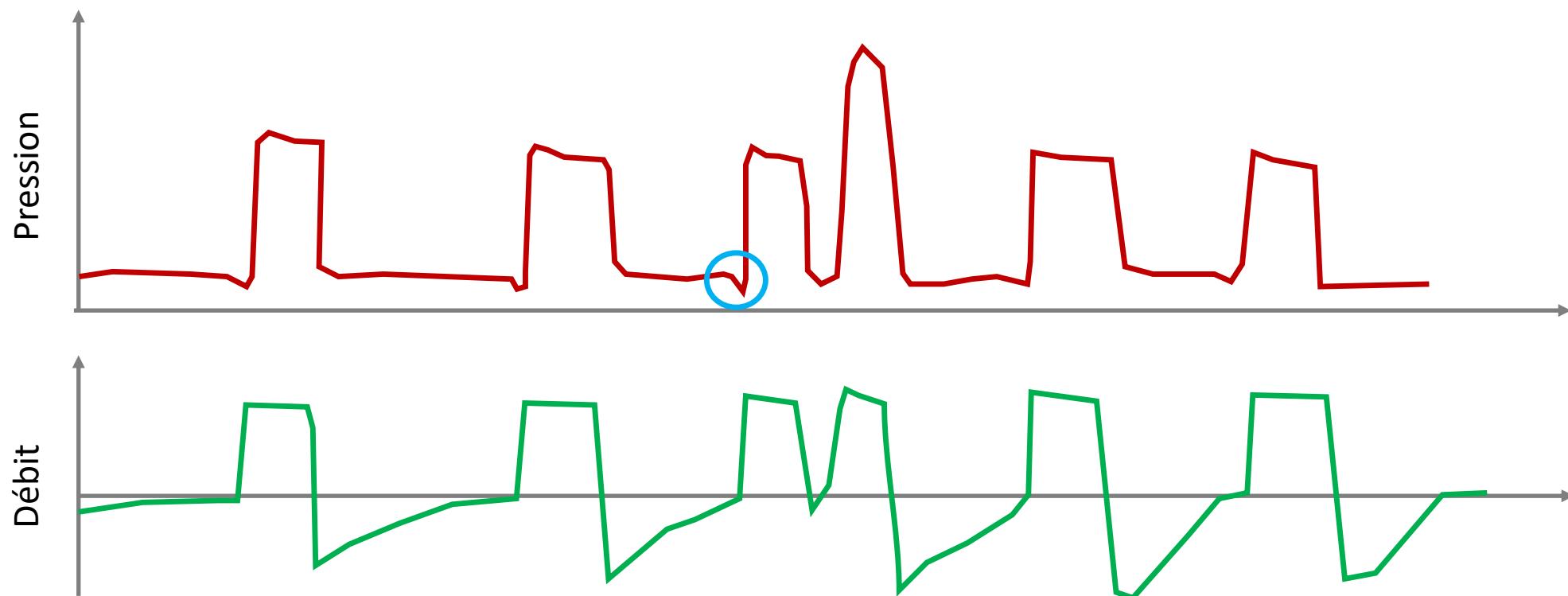
## CAS CLINIQUE #3



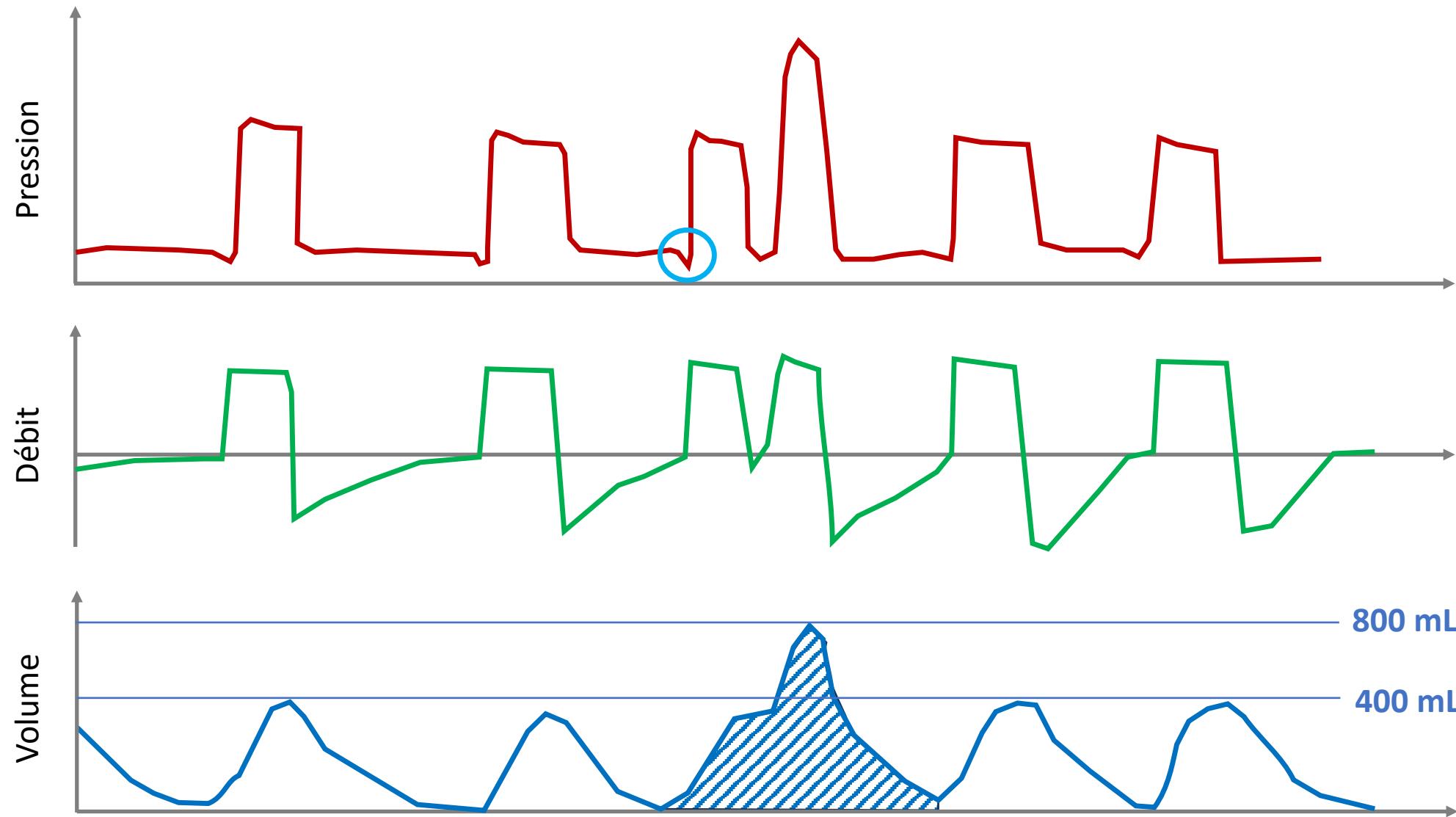
## CAS CLINIQUE #4

SDRA modéré secondaire à une noyade, RASS -3

VAC 420 mL, FR 26 c/min, PEP 10 cmH<sub>2</sub>O



## CAS CLINIQUE #4



# CONCLUSION

## Courbes du ventilateur

- Dépendent du mode ventilatoire (VAC et VSAI ++)
- Monitorage des pressions ( $P_{crête}$ ,  $P_{plat}$ , PEP) / volumes
- Permettent de détecter :
  - Variation de resistance (courbe pression en VAC)
  - Variation de compliance (courbe pression en VAC)
  - Hyperinflation dynamique et PEP intrinsèque (courbes debit et pression)
  - Asynchronie patient-ventilateur