

Goals for Lung Management of a Donor:

1. O₂ delivery to tissues.
2. At least restoration to normal ventilation.
3. Every donor is a lung donor.

Initial Assessment:

1. Evaluate for trauma.
2. Evaluate body habitus.
3. Improve what you can.
 - a. Tap pleural effusions.
 - b. Correct fluid balance.
 - c. Place chest tube.
 - d. Replace ETT.
 - e. Elevate HOB to at least 30 degrees.
4. Rotate/Turn and CPT ideally q 4 hours but do as needed.
5. Ensure proper ETT cuff pressure.
6. Respiratory treatment PRN.
7. Ensure aggressive pulmonary toilet.
8. Obtain and review baseline ABG.
 - a. Do NOT treat for CO₂ only treat for pH.
 - b. If pH is good take note of Minute Ventilation (MV).
9. Obtain initial CXR.

Vent Settings:

1. Determine vent settings based off of initial ABG. Target I:E of 1:1 and maintain MV if pH normal.
 - a. Volume Control if little to no recruitment is needed (Look at CXR).
 - b. Pressure Control if low lung compliance and/or recruitment is needed (Look at CXR).
 - i. Use PRVC or VC+ if mode available instead of pressure control to help reduce possibility of barotrauma.
 - c. APRV if severe recruitment is needed. Seek expert advice for setting up vent parameters.
2. Ensure to find optimal PEEP.

After Vent set:

1. Obtain ABG to ensure vent settings are appropriate.
2. If possible, obtain bronch prior to four hour CXR after initial vent settings. Clear any secretions and send specimen for culture, gram stain, and BAL covid test. Obtain gram stain and culture from both lungs in case the lungs are split fir transplant.
3. Obtain CXR approximately four hours after initial vent settings to see recruitment.
4. Once gram stain is back from tracheal aspirate or BAL, ensure proper antibiotic coverage. Consult hospital infectious disease if needed.