

Additional Statements on Optimizing the Use of Ventilators during the COVID-19 Pandemic

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“Given the potential magnitude of the COVID-19 pandemic, some hospitals may be overwhelmed and unable to provide ventilator support for all patients needing ventilatory assistance. Co-venting (placing 2 patients on one ventilator) is feasible in vitro and ARDS (not-yet published) animal studies, and briefly in non-ARDS patients (during a disaster), but has never been used in ARDS patients.

While I hope this pandemic never gets to the point someone has to decide who to ventilate and subsequently save, at least describing the procedure and providing information that can be used should someone attempt to do this, may be helpful. It may empower some clinicians with off label ventilator options, understanding the need to ‘try instead of let die’ dire situation the clinician may be facing.”

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“Although technically feasible, using one ventilator for more than one patient is not advisable unless it is for the most extreme circumstances. If done, it should be used for the briefest time while actively trying to find alternative ways to individually ventilate patients. It is the uniqueness and complexities of critically ill patients and the individual care they need that is most compelling; not the technical simplicity of the circuit.”

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“Ventilator sharing has the potential to offer temporary breathing support to patients who, in the event of a ventilator shortage, would not have had the opportunity for this possibly life-saving care. We developed this protocol to support multiple patients with a single ventilator as an interim measure only in order to keep patients alive and breathing until additional ventilators could become available. It requires forethought and preparation by the team involved and we hope it never has to be implemented, and if it does, only as a last resort. It is not the ideal way to offer breathing support, nor is it a substitute for having each patient on a single ventilator. But if that is not an option, this technique could be a viable, short-term, life-saving bridge.”

