CRITICAL CARE

Is Automatic Ventilation Feasible and Comparable With Manual Ventilation During Cardiopulmonary Resuscitation?



STUDY DESIGN

RESULTS



Tidal volumes were significantly lower in the MV group

In this pilot trial, the use of MV at a rate of 10 bpm instead of BV during cardiopulmonary resuscitation was feasible and could serve as a viable alternative. Rates of ROSC and arterial blood gas values were similar, but tidal volume was lower in the MV group.

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