**CRNA Perceptions & Implementation of Lung Protective Ventilation**
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**Background**
- Alveolar collapse [AC] occurs in 90% of patients undergoing general anesthesia
- AC leads to postoperative pulmonary complications (PPCs)
- PCC can be prevented through lung protective ventilation (LPV)
- Low tidal volumes (VT)
- Positive end-expiratory pressures (PEEP)
- Alveolar recruitment maneuvers (ARMs)

**Purpose**
- **Problem:** lack of standardization
- Provide a concise recommendation for implementation
- Investigate provider’s current attitudes and knowledge
- Discover barriers that prevent implementation of LPV

**Methodology**
- Sample: 10 CRNAs at WakeMed Cary Hospital
- Educational intervention via PowerPoint was presented to the participants
- Pre- and post-intervention surveys were administered

**Results**
- **Do you currently implement LPV?**
- **Do you utilize PV loops/compliance on ventilator?**

**Conclusions**
- Participants gained knowledge following the educational intervention
- Implementation of LPV increased following educational in-service
- Project was insufficiently powered to demonstrate a significant difference in practice due to small sample size

**Recommendations**
- Future Policy Development and Research:
  - Development of a clinical protocol for LPV
  - Determining individualized PEEP
  - Identify optimal routes of performing ARMs
- Organizational prioritization of continuing education and LPV protocols

**Potential Barriers for Implementation**
- Implementing large PEEP values (1/3 BMI)
- Provider preference for manually performing ARMs vs. through the ventilator
- Keeping FiO₂ levels lower during maintenance