



Traumatic Events: *Cautions about ETCO₂ Analysis in Trauma*

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COVIDIEN

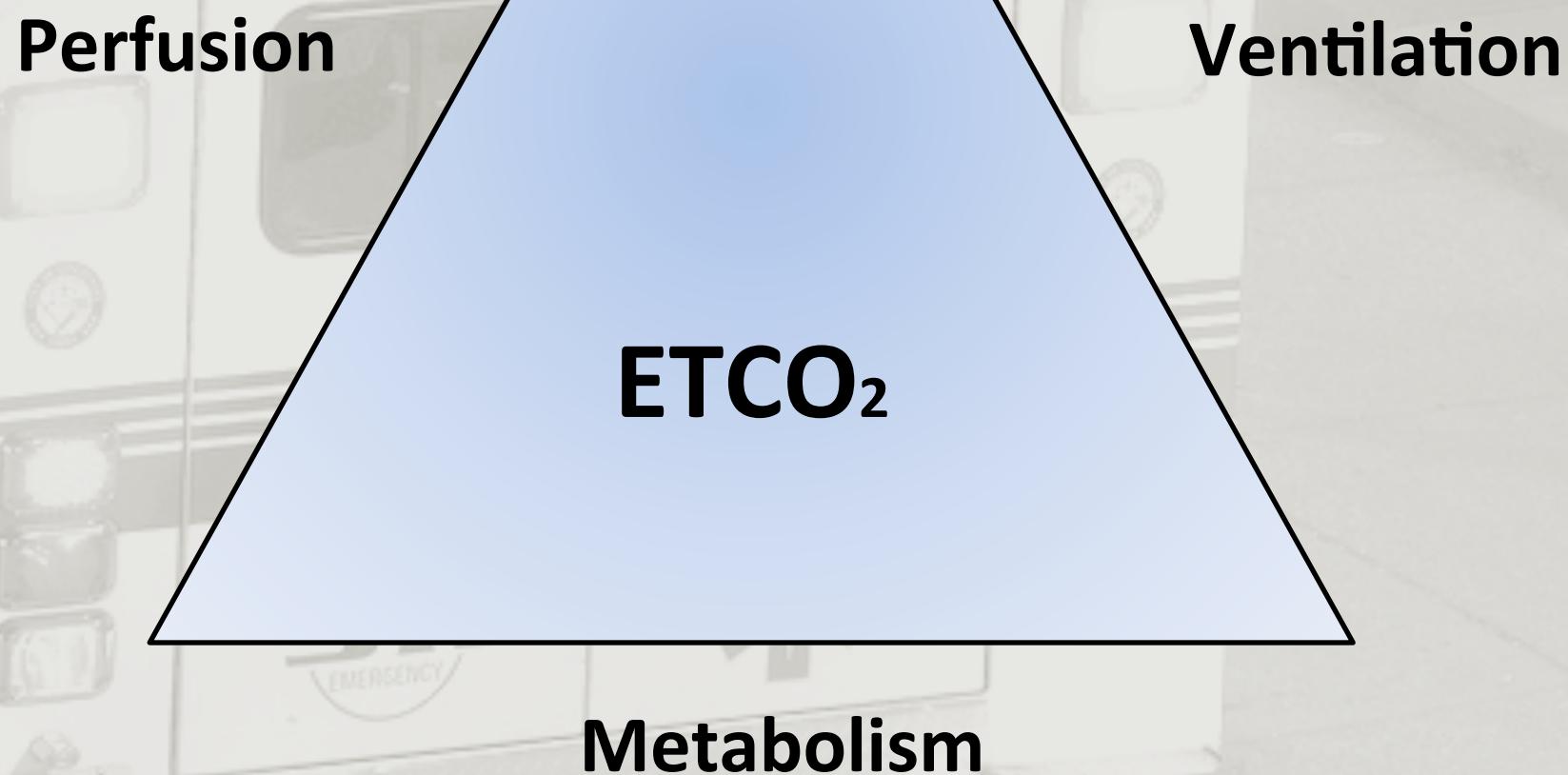


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Barney Style

- End-Tidal CO₂ Measures:
 - Concentration of CO₂
 - In exhaled breath
 - At end of exhalation
- Must Have:
 - Metabolism
 - Perfusion
 - Ventilation





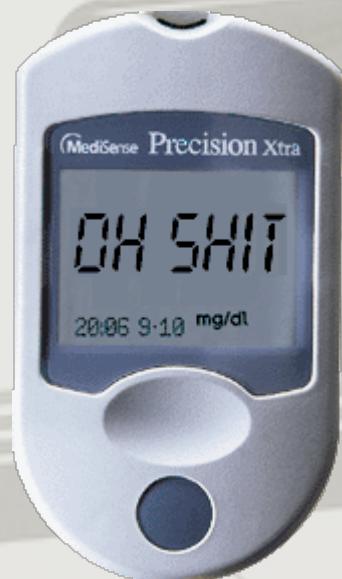
Perfusion

Ventilation

ETCO₂

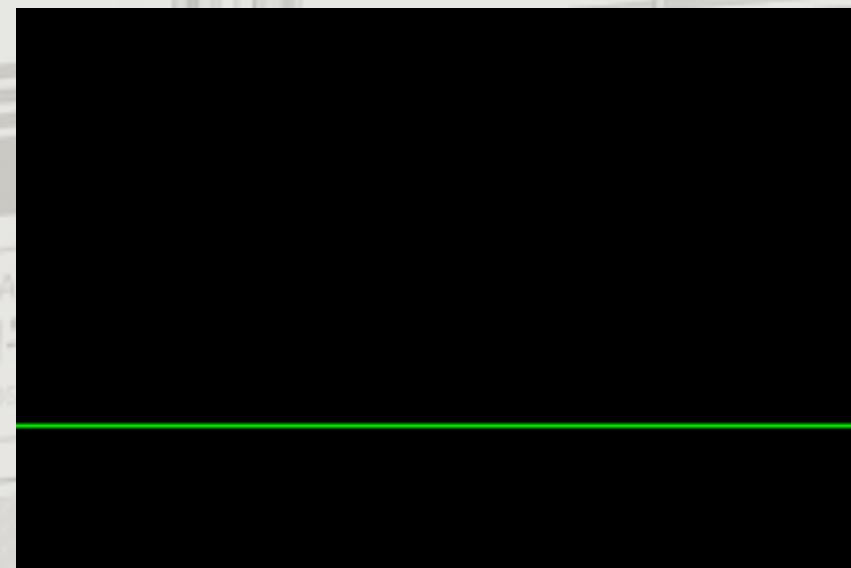
Metabolism

Metabolism



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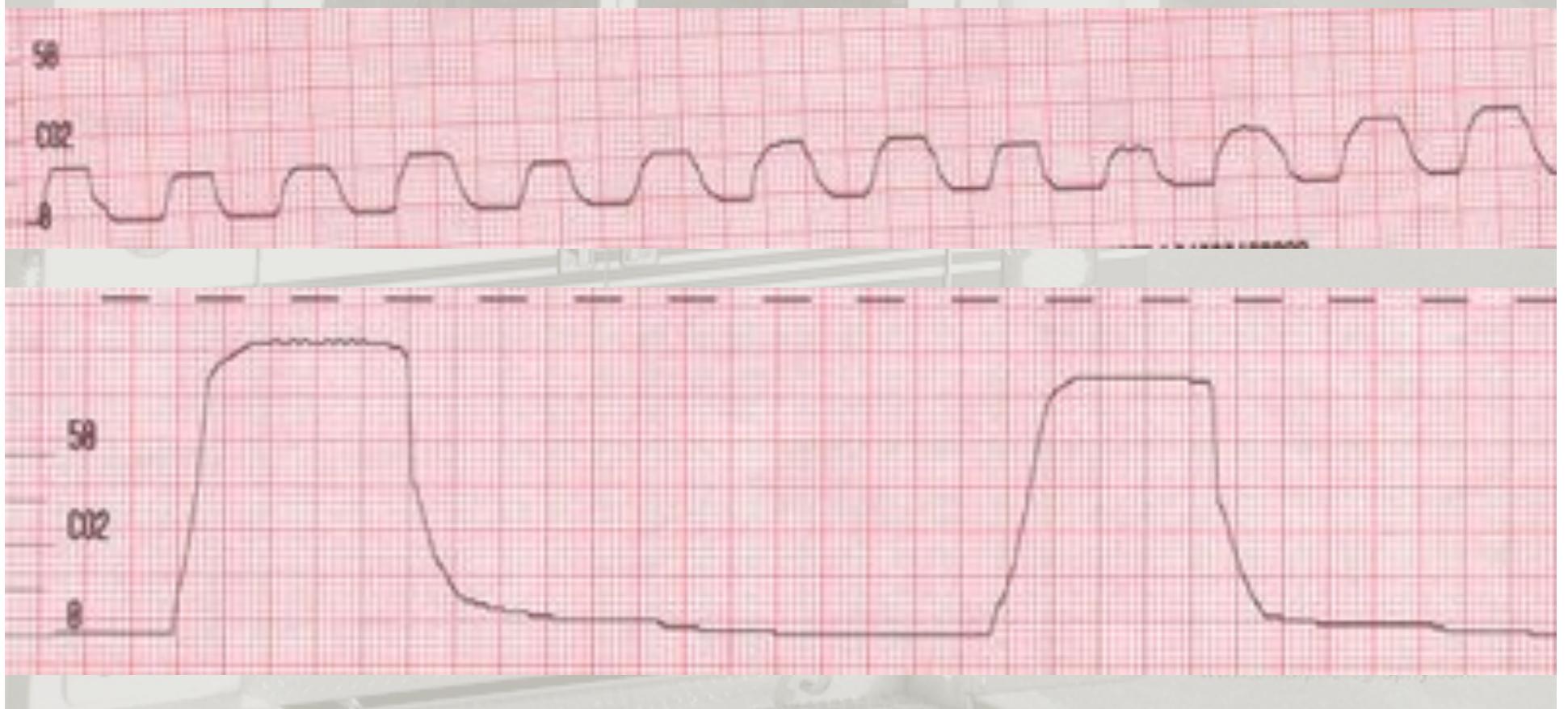
Ventilation



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Ventilation

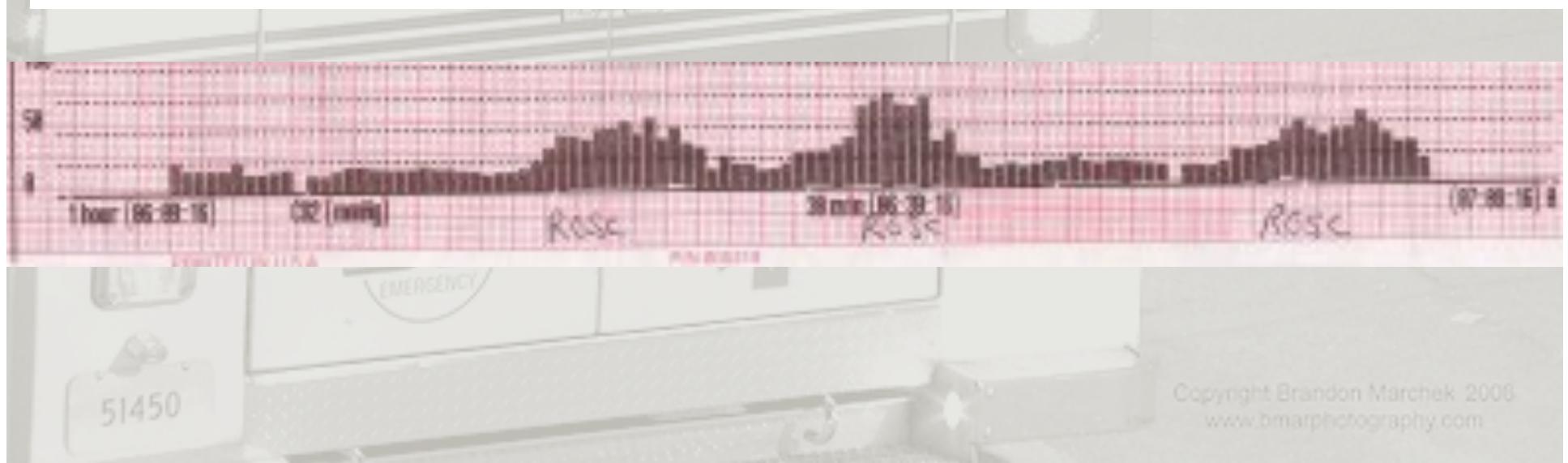
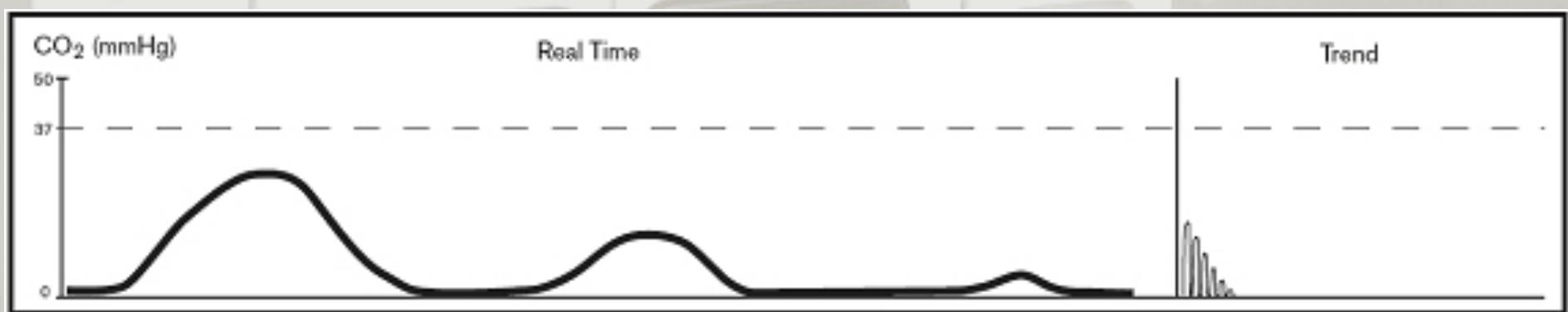
- Capnography allows visualization of respiratory rate



Perfusion

- Cardiac output must be enough to:
 - Perfuse the tissues
 - Return venous blood to the lungs
- Decreased cardiac output → decreased perfusion → low ETCO₂

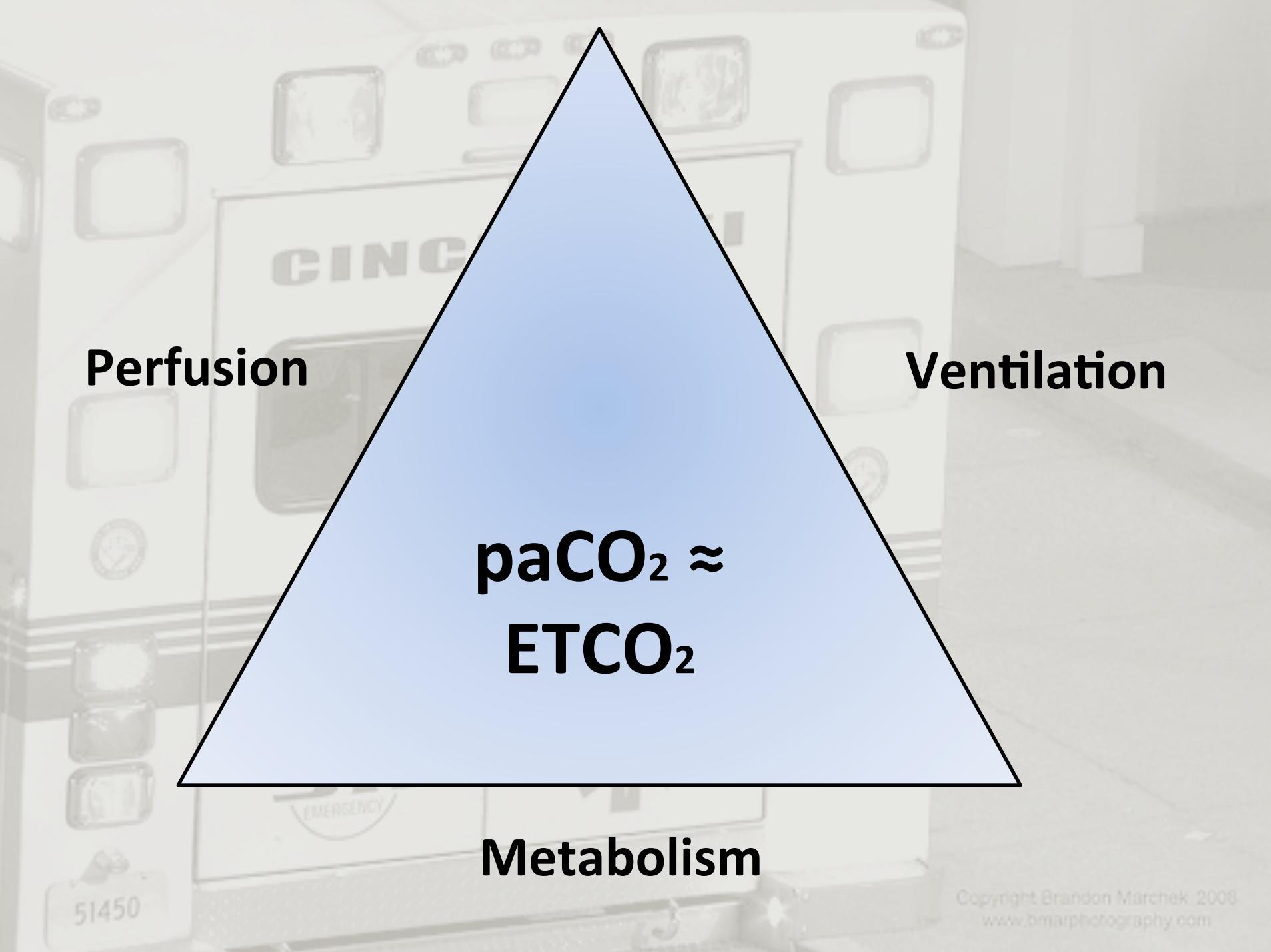
Perfusion





Hemorrhage

Variable	Baseline	Mild	Severe
Pao ₂ (torr)	85.4 ± 7.5	105.2 ± 9.6*	116.0 ± 6.3*
Paco ₂ (torr)	38.0 ± 4.8	28.5 ± 4.8*	17.2 ± 3.0*
Peco ₂ (torr)	46.3 ± 6.2	42.8 ± 5.0	36.9 ± 3.0*

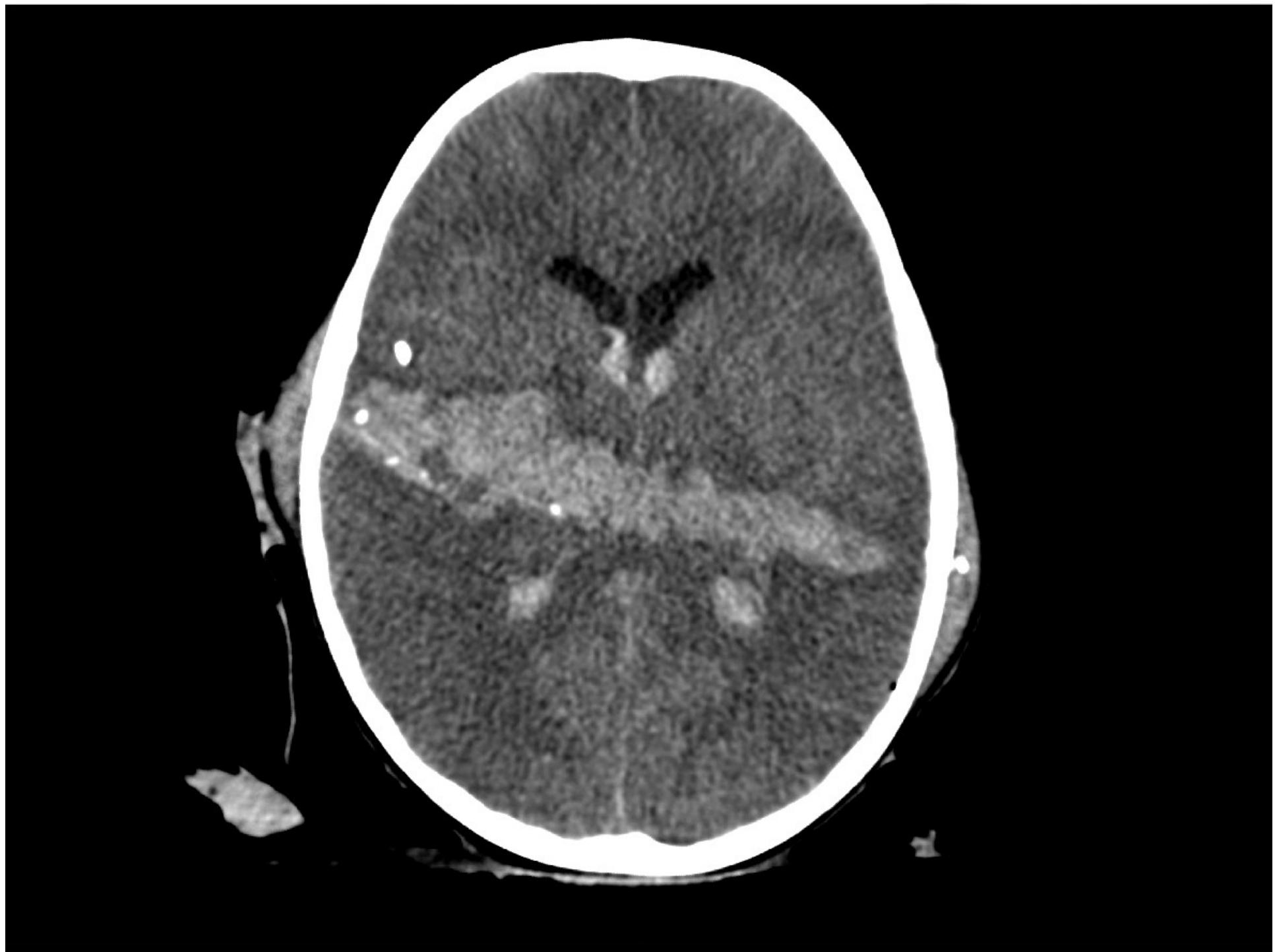


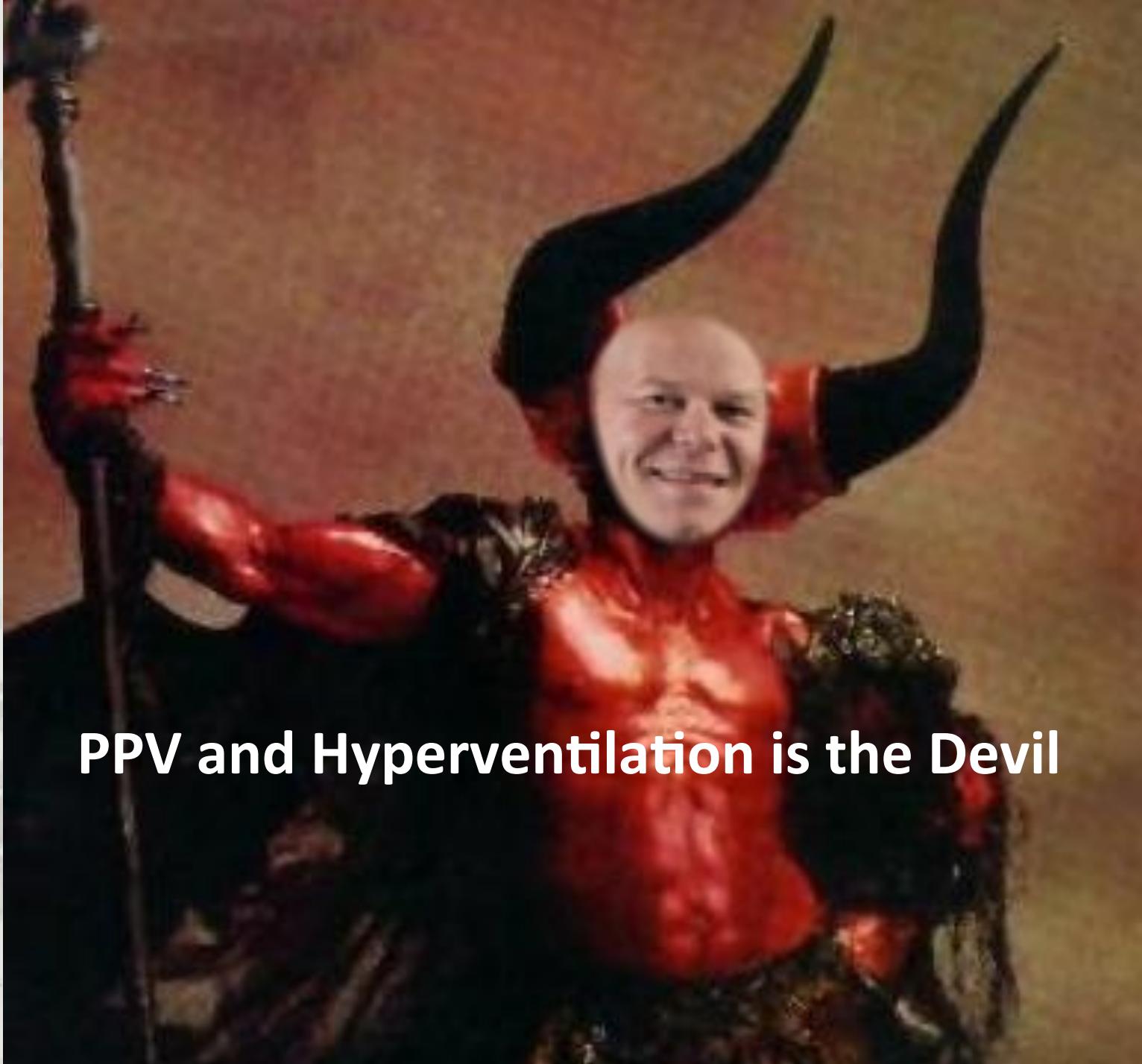
Perfusion

Ventilation

**$paCO_2 \approx$
 $ETCO_2$**

Metabolism

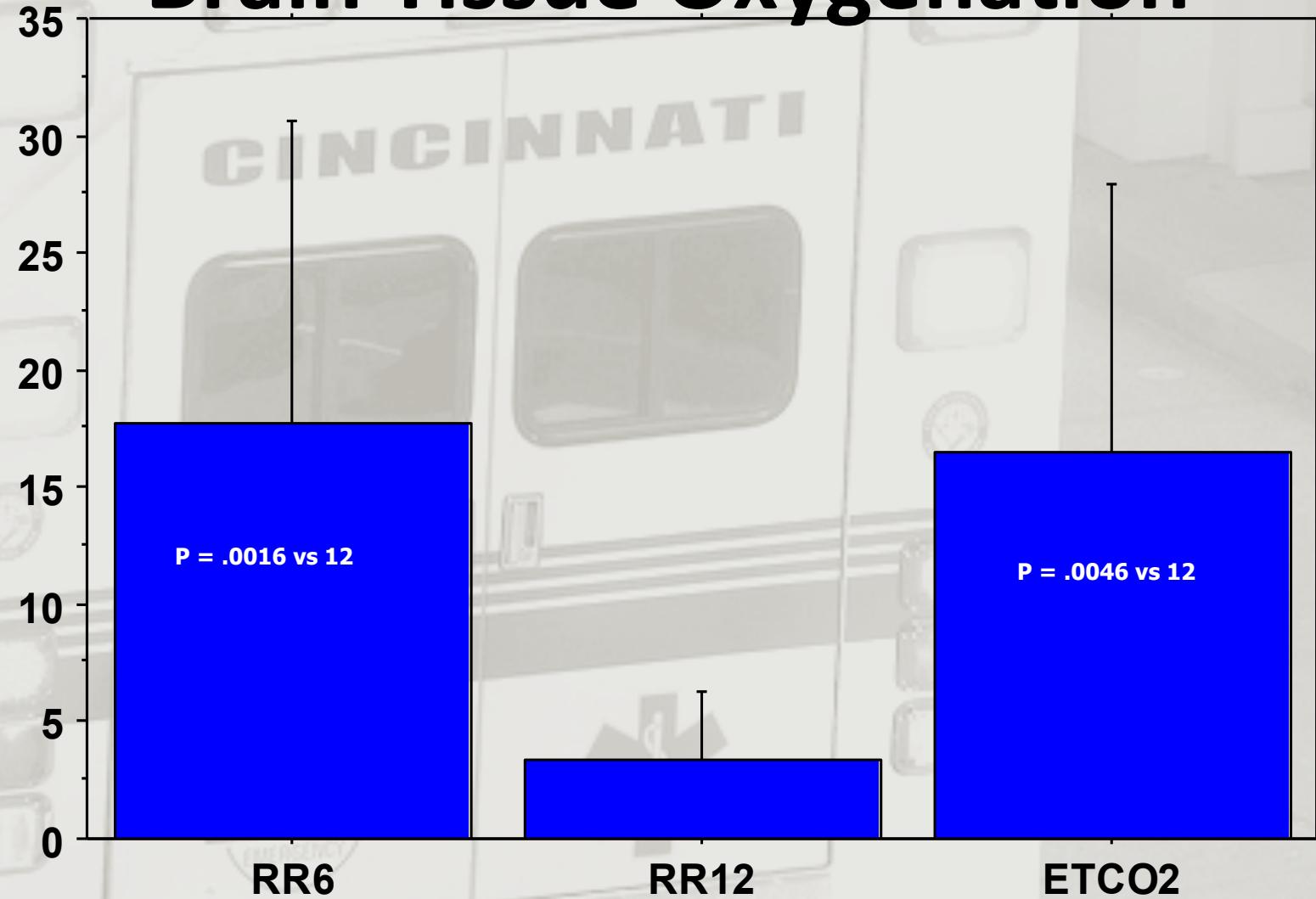




PPV and Hyperventilation is the Devil

1mmHg = 4% CBF

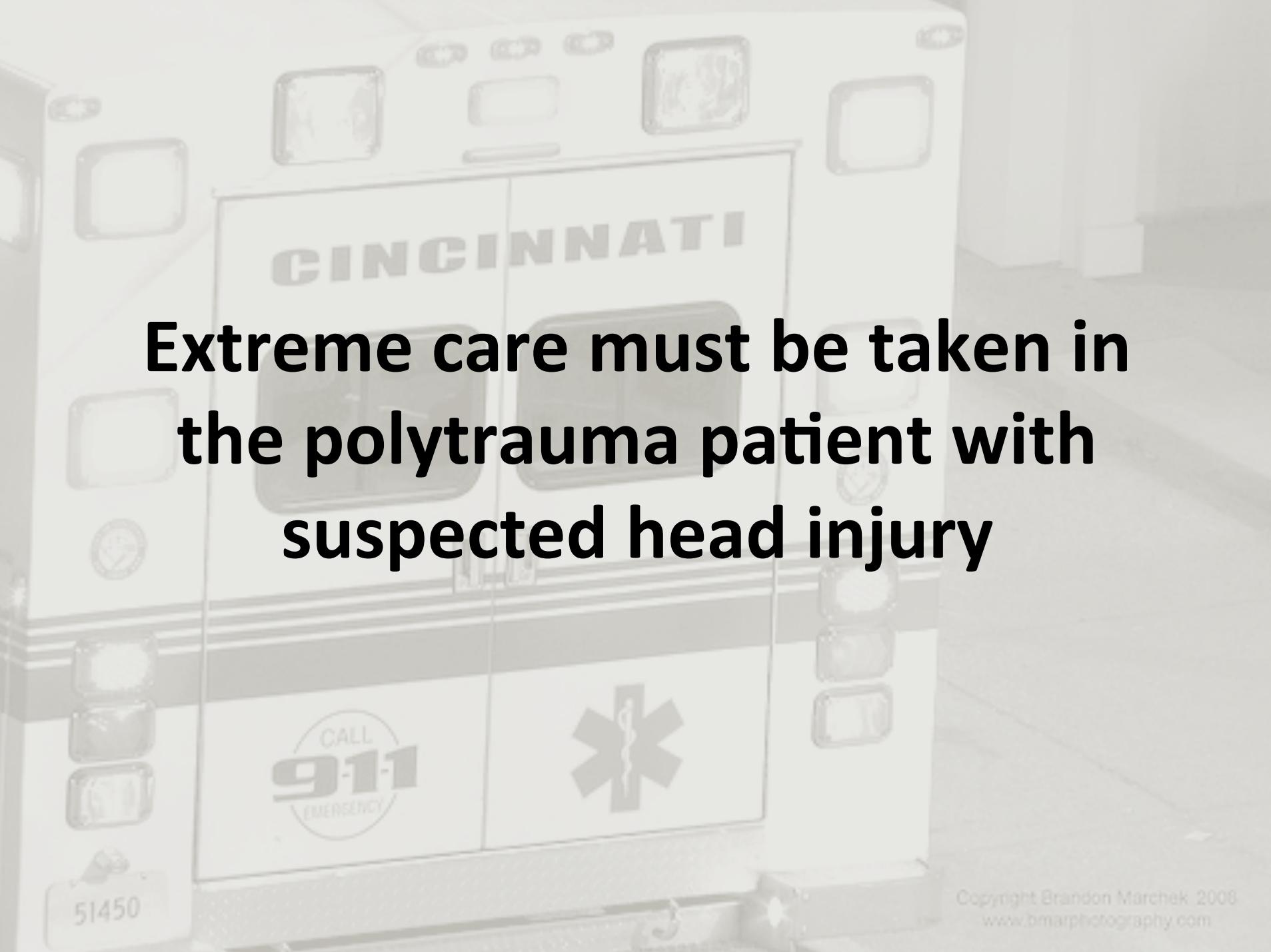
Brain Tissue Oxygenation



Capnography in TBI

- Hyperventilation = assassination
- No herniation
 - no benefit from hyperventilation
 - goal 35-40mmHg
- Herniation
 - ? benefit
 - goal 30-35mmHg

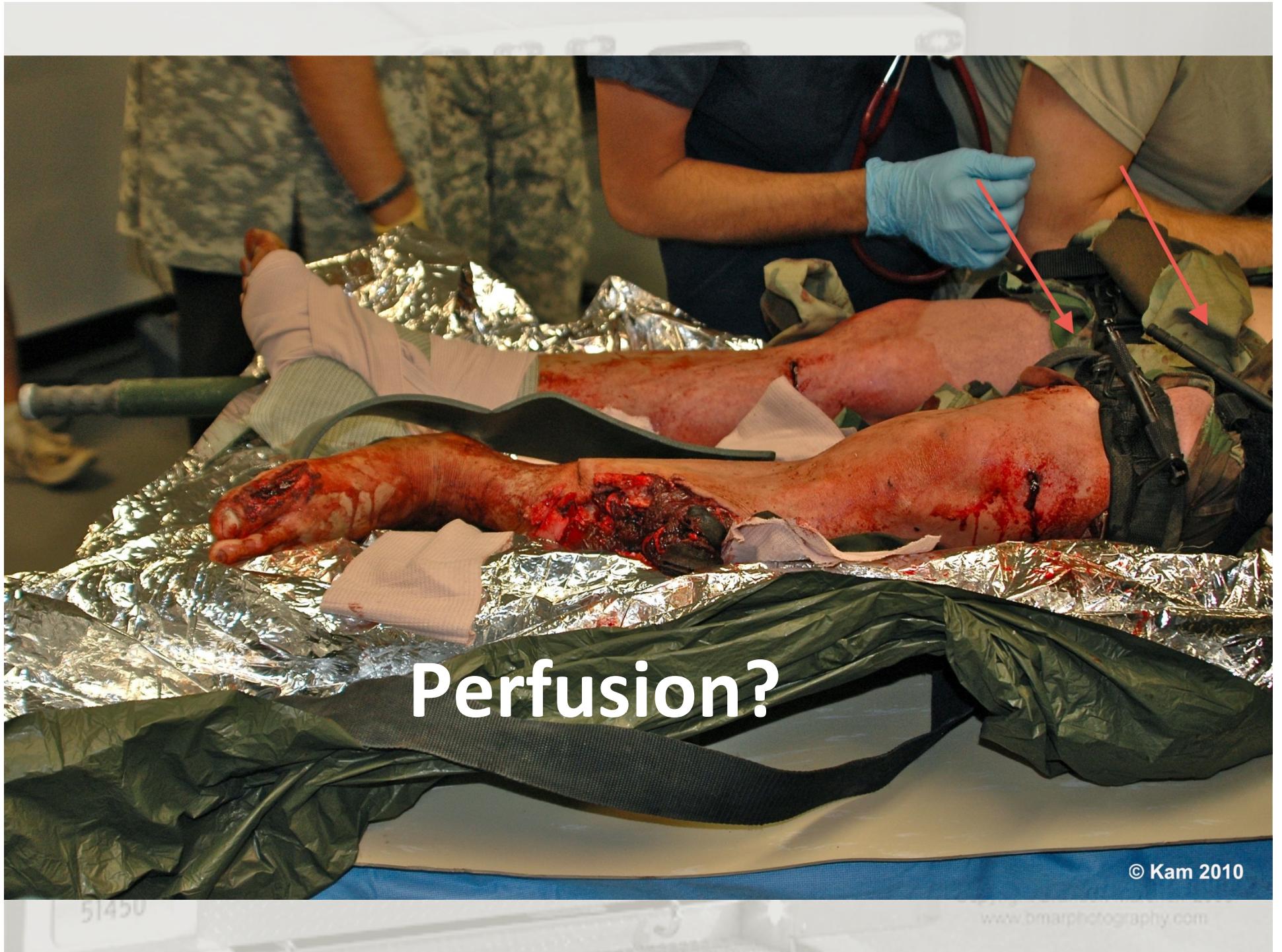


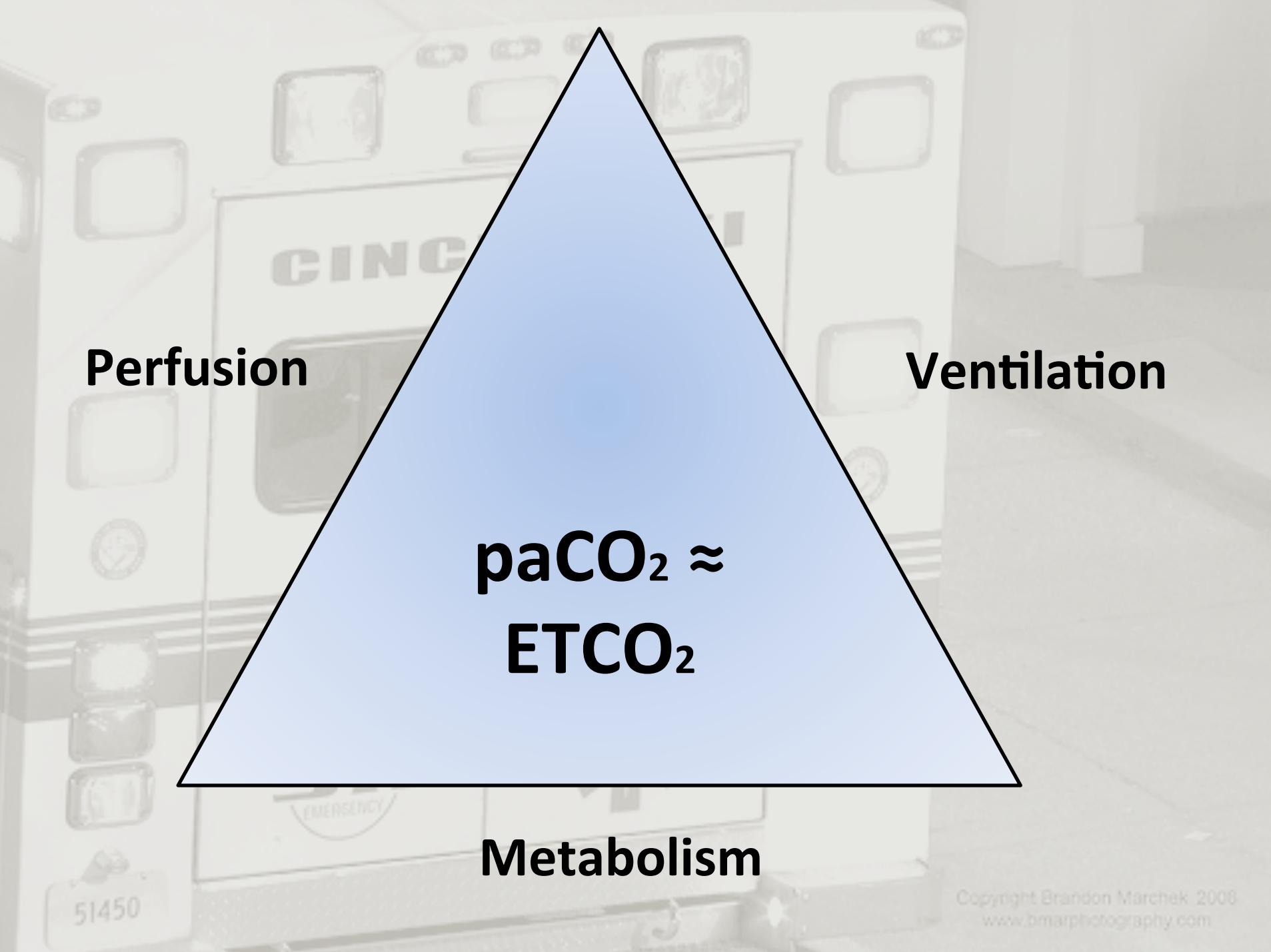


**Extreme care must be taken in
the polytrauma patient with
suspected head injury**



Ventilation?





Perfusion

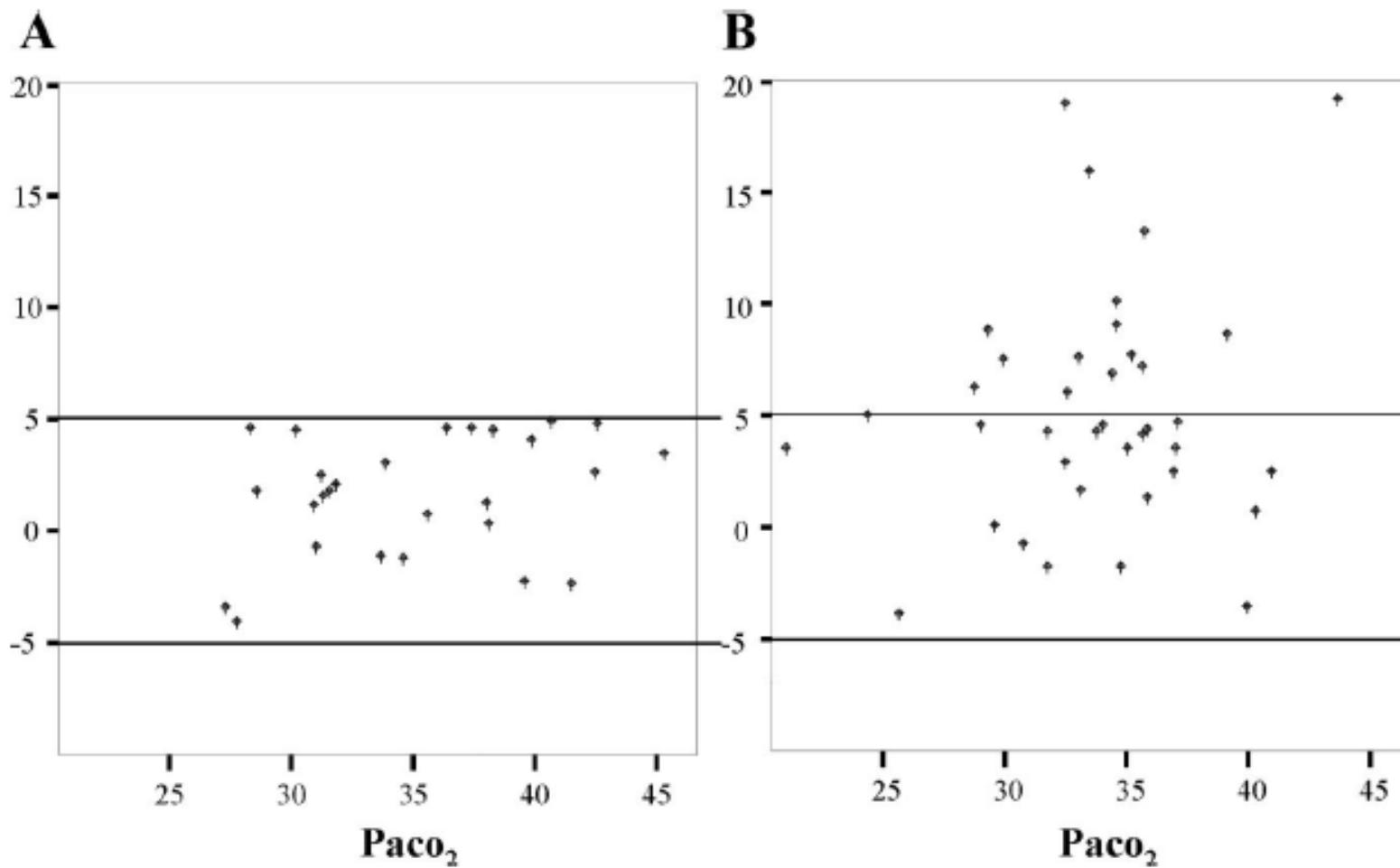
Ventilation

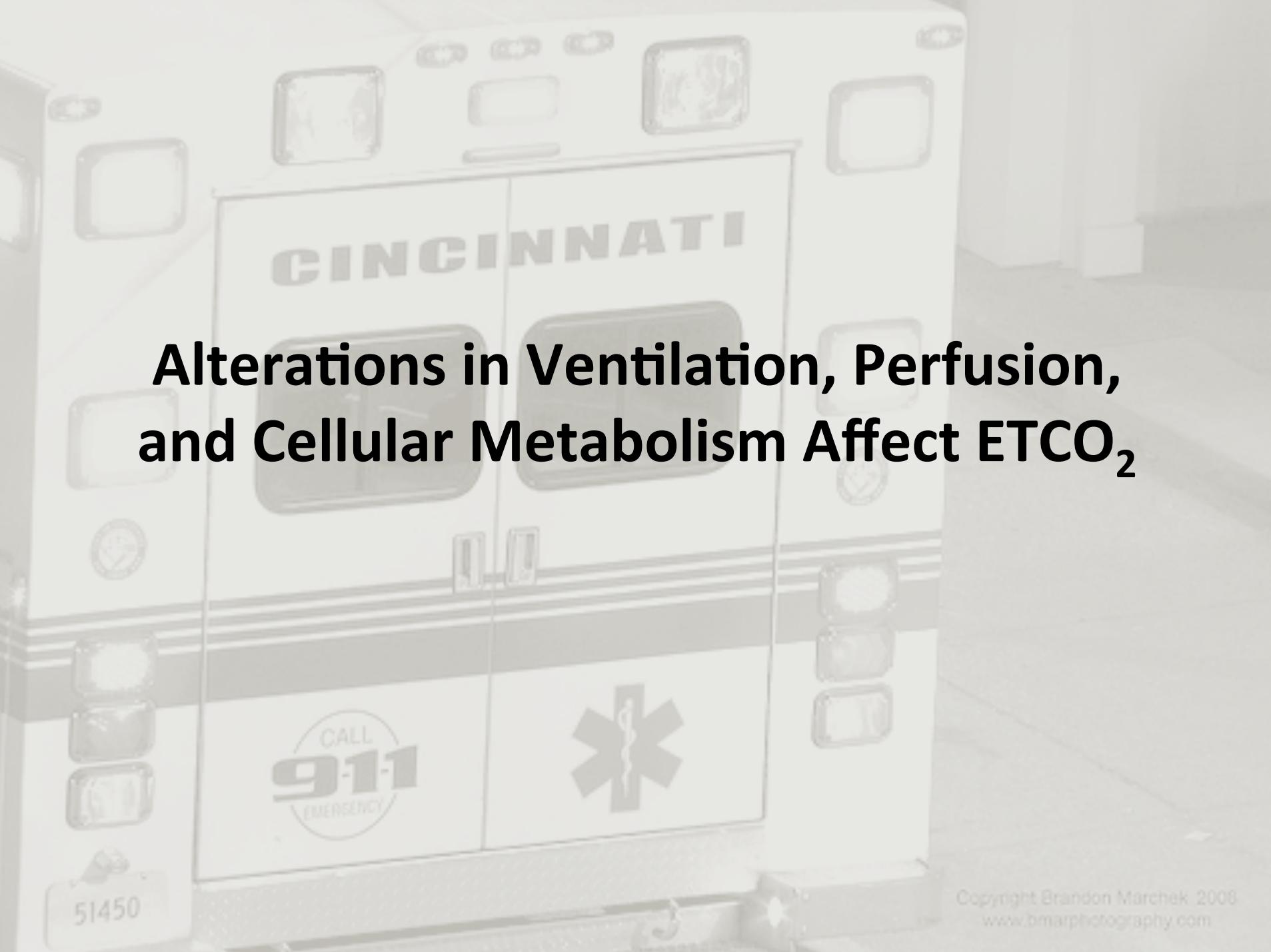
**$paCO_2 \approx$
 $ETCO_2$**

Metabolism

Concordance of End-Tidal Carbon Dioxide and Arterial Carbon Dioxide in Severe Traumatic Brain injury

Sung-Woo Lee, MD, PhD, Yun-Sik Hong, MD, PhD, Chul Han, MD, Su-Jin Kim, MD, PhD,
Sung-Woo Moon, MD, Jung-Ho Shin, MD, and Kwang-Je Baek, MD, PhD





Alterations in Ventilation, Perfusion, and Cellular Metabolism Affect ETCO₂



- Isolated Head Injury
 - Use ETCO₂ to assure proper ventilation
- Significant Trauma Without Head Injury
 - Hypocapnea is an indicator of shock
- Polytrauma + TBI
 - Just do your best



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