Basic ongoing assessment of the mechanically ventilated patient includes observing the chest rise and fall for symmetry, bilateral breath sounds equal or unchanged from last assessment, level of consciousness, capillary refill and skin color, and vital signs. A heart rate that is too fast or too slow is a possible indication of hypoxemia, air leak, or low cardiac output. Pulse oximetry and $ETCO_2$ monitoring is also routine along with periodic arterial blood gas analysis. If sudden deterioration of an intubated patient occurs, consider the following etiologies:

- **DOPE***

- **D**isplacement: The tube is not in the trachea or has moved into a bronchus (right mainstream most common)
- **O**bstruction: Secretions or kinking of the tube
- **P**neumothorax: Chest trauma, barotraumas, or noncompliant lung disease
- **E**quipment failure: Check the oxygen source, Ambu bag, and ventilator

- Verify placement again during each transport and when patients are moved to different beds

To maintain skin integrity in the mechanically ventilated patient, reposition the patient at least every 2 hours as the patient's condition tolerates. Apply a hydrocolloid barrier to protect the facial cheeks. Place gel pillows under pressure points, such as occiput, heels, elbows, and shoulders. Allow no tubes, lines, wires, or wrinkles in bedding under the patient. Provide meticulous skin care.

Provide analgesia and sedation as needed. Use a system for communication that includes sign boards, pointing, and opening and closing eyes. To maintain safety, use soft restraints if necessary to maintain a critical airway.