**IMV: Intermittent Mandatory Ventilation**

**VOLUME CONTROLLED IMV**

- **Volume Controlled** ...but it can be pressure-controlled
- **Time-Triggered** – and the pressure support breaths are flow-triggered
  - Volume-limited OR Pressure-limited, Flow-limited (but doesn’t have to be flow-limited)
- **Time-Cycled** (but it can be volume-cycled if you don’t want inspiratory pauses)

The key feature is, ITS NOT CONTINUOUSLY MANDATORY. The patient can decide on their own respiratory rate and they can take a number of pressure-supported breaths. However, among those, the machine also gives a set number of mandatory breaths, to supplement the patients own efforts.

You get little control over the minute volume. The patient may take as many pressure-supported breaths as he feels like, all you can do is guarantee a certain minute volume with volume-controlled IMV.

This is slightly better for the partially sedated patient; they get to try and breathe a little. The problem is, the machine has its own rate, and it doesn’t care about what the patient wants. It just has a job to do; and if it has been programmed to deliver a volume-controlled time-cycled breath every 10 seconds, then its going to do just that, and if you’re trying to breathe or cough or something- that’s just too bad, you’re getting your 500ml of gas.