**ACV: Assist Control Ventilation**

**VOLUME CONTROLLED ACV**

- **Volume Controlled** (but could be pressure controlled)
- **Flow-Triggered** (but could be anything-triggered)
  ..typically, there is a backup mode, which is time triggered. In case the patient forgets to breathe.
- **Volume- 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, EACH BREATH IS THE SAME. The patient can decide on their own respiratory rate- but the tidal volume is controlled, and each breath is time-cycled or volume cycled.

The volume-controlled ACV gives you limited control over your minute volume. The patient may take as many breaths as he damn well please. With volume-controlled ACV you can control the tidal volume, at least. There is also Pressure-controlled ACV, which is discussed later, and for some reason called PCV (Pressure Controllable Ventilation).

This is slightly better for the partially sedated patient; however, it is still uncomfortable to have the same volume of air rigidly pushed into you.

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With "Basic Assessment and Support in Intensive Care" by Gamersall et all as a foundation, I built using the humongous and canonical "Principles and Practice of Mechanical Ventilation" by Tobins et al – the 1442 page 2nd edition.