



High-frequency percussive ventilation compared with conventional mechanical ventilation.

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In seven patients with severe respiratory distress, conventional mechanical ventilation and PEEP were used initially for respiratory support, which was changed to high-frequency percussive ventilation (HFPV) at the same level of airway pressure and FIO₂. During both modes of ventilation, patients could breathe spontaneously via a low-threshold demand valve. With HFPV, PaO₂ improved significantly (p less than .01) compared with PaO₂ during conventional methods. Cardiac output was unaffected by the change to HFPV.

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