# Assessment of inspiratory effort in spontaneously breathing Covid-19 patients: a comparison between esophageal, transdiaphragmatic and central venous pressure swing. 

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## Pathophysiology

Monitor the
inspiratory effort
( $\triangle \mathrm{Pes}$ ) can prevent

## Purpose

The aim of the study was to assess whether a bedside-available index such as the tidal swing in central venous pressure ( $\triangle \mathrm{CVP}$ ) was a reliable estimate of inspiratory effort.

## Method

Thirty consecutive spontaneously breathing patients with helmet CPAP within 48 h of ICU
Esophageal and gastric balloon catheter ( $\Delta \mathrm{Pes}$ and $\Delta \mathrm{Pdi}$ ); central venous catheter ( $\triangle \mathrm{CVP}$ )
A trial of three levels of CPAP (0-5-10 $\mathrm{cmH}_{2} \mathrm{O}$ )

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${ }_{\substack{10 \\ \text { mino (s) }}}$

## Conclusion

- The bedside-available $\triangle$ CVP is significantly related to the level of patient inspiratory effort, as assessed by both the $\Delta$ Pes and the $\triangle$ Pdi values in spontaneously breathing patients with helmet CPAP
- $\triangle$ CVP is an easily available and reliable surrogate of $\Delta$ Pes in detecting a low or a dangerously high inspiratory effort, as defined by specific thresholds of esophageal pressure
$\Delta \mathrm{CVP}$ is better related with $\Delta \mathrm{Pes}$ than with $\triangle \mathrm{Pdi}$
- The increase of PEEP, in this setting of early C-ARDS, was associated with an increased oxygenation and a reduced respiratory rate, while $\triangle$ Pes and $\triangle C V P$, indices of inspiratory effort, were unchanged.

