

# Project Tetra

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## Stakeholder Concerns

The Project Tetra is guided by a series of stakeholder concerns, listed below.

### 1: Volumes fill most compliant lung segment

Volumes would go to the most compliant lung segments

#### Reference:

- [Joint Statement on Multiple Patients Per Ventilator](#)

### 2: PEEP would be impossible to manage

Positive end-expiratory pressure (PEEP), which is of critical importance in these patients, would be impossible to manage.

#### Reference:

- [Joint Statement on Multiple Patients Per Ventilator](#)

### 3: Monitoring pulmonary mechanics impossible

Monitoring patients and measuring pulmonary mechanics would be challenging, if not impossible.

#### Reference:

- [Joint Statement on Multiple Patients Per Ventilator](#)

### 4: Alarm monitoring infeasible

Alarm monitoring and management would not be feasible.

#### Reference:

- [Joint Statement on Multiple Patients Per Ventilator](#)

### 5: Individualized management for clinical improvement

Individualized management for clinical improvement or deterioration would be impossible.

**Reference:**

- [Joint Statement on Multiple Patients Per Ventilator](#)

**6: Stop ventilation in the event of cardiac arrest**

In the case of a cardiac arrest, ventilation to all patients would need to be stopped to allow the change to bag ventilation without aerosolizing the virus and exposing healthcare workers.

**Reference:**

- [Joint Statement on Multiple Patients Per Ventilator](#)

**7: Added circuit volume**

The added circuit volume defeats the operational self-test (the test fails).

**Reference:**

- [Joint Statement on Multiple Patients Per Ventilator](#)

**8: External monitoring required**

Additional external monitoring would be required. The ventilator monitors the average pressures and volumes.

**Reference:**

- [Joint Statement on Multiple Patients Per Ventilator](#)

**9: Patients deteriorate and recover at different rates.**

Patients deteriorate and recover at different rates, and distribution of gas to each patient would be unequal and unmonitored.

**Reference:**

- [Joint Statement on Multiple Patients Per Ventilator](#)

**10: Greatest risk with sudden deterioration**

The greatest risks occur with sudden deterioration of a single patient (e.g., pneumothorax, kinked endotracheal tube), with the balance of ventilation distributed to the other patients.

**Reference:**

- [Joint Statement on Multiple Patients Per Ventilator](#)

## User Stories

The Project Tetra's stakeholder concerns are then used to identify a series of user stories to capture the functional requirements of the Project Tetra project.

**1: Volume Adjustment**

As a **Clinician** I want to **individually adjust valves** so that I can **control volumetric flowrate per patient**.

**Example:**

Adjusting flow for each patient, decreasing PIP for the healthier lungs, and increasing PIP for the less healthy patient.

**Derived From:**

- [Volumes fill most compliant lung segment](#)
- [Individualized management for clinical improvement](#)
- [Patients deteriorate and recover at different rates.](#)

**2: Matching Protocols**

As a **Clinician** I want to **[object Object]** so that I can **maintain matching protocols per patient volume**.

**Example:**

**Derived From:**

- Volumes fill most compliant lung segment
- Individualized management for clinical improvement
- Patients deteriorate and recover at different rates.