Why we document and monitor peak inspiratory pressure (PIP)?
Elevated PIP possibly indicates:

- Hyperventilation – Tidal volume too large, Breath stacking
- Poor compliance
  - Lung issues – Bronchospasm, alveolar collapse, consolidation in the lung, edema
  - Pleural – pneumothorax, effusion
  - Chest wall – abdominal distention, obesity, burns
  - Patient ventilator dysynchrony, coughing
- Equipment issue – Kinked ETT or vent tubing, ETT displacement, ETT obstruction
Consequences of high PIP:
- High PIP with excessive alveolar pressure lead to barotrauma
- Increased intra-thoracic pressure compromising venous return and hemodynamics
- High PIP may result in poor ventilation/oxygenation