

e700

VENTILATOR

ALARMS

Troubleshooting



⚠ HIGH PRIORITY



BCI Patient Circuit Disconnect

Check for loose or disconnected tubing, mask, or an ETT cuff that isn't sealing. Reconnect or tighten components, adjust the mask or airway position, and reinflate the cuff if needed.

LOW PAW

Low Airway Pressure

Check for leaks at the mask, tubing, or ETT cuff, or settings too low to generate pressure. Correct leaks, secure the airway interface, adjust Vt, Rate or PEEP as appropriate, and set Pmin 5–10 cmH₂O below the expected peak airway pressure.

HIGH PAW

High Airway Pressure

Check for blocked airflow from secretions, mucus plugging, biting, coughing, kinks, or water in the tubing, and consider reduced lung compliance (bronchospasm, pulmonary edema, pneumothorax). Suction the airway, clear obstructions, straighten tubing, drain water, and adjust Vt/Rate/PEEP as needed. After the cause is corrected, set Pmax about 5–10 cmH₂O above the expected PAWpeak, keeping pressures within safe limits. Aim to keep PAWpeak under 40 cmH₂O during mechanical ventilation.

Blocked Airway

Check for absent or reduced airflow, difficulty passing suction, or tubing or filters that may be obstructed or kinked. Suction the airway, correct or replace affected components.

LowMv

Low Minute Volume

Check for weak effort, apnea, leaks, disconnections, or settings not meeting current patient's needs. Correct leaks, reattach any disconnected tubing, increase Vt or rate if clinically appropriate.

High Mv

High Minute Volume

Check for rapid breathing from discomfort, anxiety, pain, hypoxia, or auto-triggering, and confirm whether Vt or rate is contributing. Address patient comfort, adjust trigger sensitivity (increase Trig), reduce Vt or Rate as needed.



Leak
≥40% Below Set Vt

Check for mask fit, ETT cuff inflation, loose connectors, cracked tubing, or shifted components. Reseat the mask, reinflate the cuff, or tighten or replace parts contributing to the leak.

LowPi

Low Inspiratory
Pressure

Check for major circuit leaks, open interface, or damaged tubing. Correct leaks, replace tubing if needed.



No Oxygen

(≤20 PSI)

Check if the tank is empty, closed, disconnected, or if the regulator is not supplying adequate pressure. Switch to a full tank, open the valve fully, and reconnect the hose.



High Input Pressure

(≥90 PSI)

Check for a regulator or supply source delivering pressure above the ventilator's safe range. Disconnect the high-pressure source, attach a proper regulator,



APNEA

Check for absent spontaneous breathing due to sedation, fatigue, deterioration, neurological causes, or disconnected sensor lines. Reconnect sensors, and ensure the airway is patent. The e700 will switch to ACV after the set T-apnea time; once triggered, reassess whether the patient can continue on noninvasive ventilation or requires intubation and invasive support.



Empty Battery

Connect external power immediately or continue manual ventilation until power is restored.



MEDIUM/LOW PRIORITY



Low Oxygen (≤40 PSI)

Check whether the tank is nearing depletion or the valve is not fully open, and ensure the regulator is not supplying adequate pressure. Replace the tank early and ensure valves are fully open.



Low Battery

Check if the ventilator is unplugged or not charging. Connect to external power to maintain operation.

STANDARD ALARM RESPONSE

Step 1 — Evaluate the Patient

- Check chest rise, work of breathing, color.
- Assess SpO₂, ETCO₂, pulse.

Step 2 — Validate Airway Integrity

- Confirm tube depth and security.
- Ensure cuff inflated, no audible leak.
- Suction if secretions suspected.
- Insert bite block if biting the tube.

Step 3 — Inspect the Circuit

- Follow circuit from patient to ventilator.
- Fix disconnections, kinks, loose fittings.
- Drain water from tubing.
- Confirm O₂ line, tank pressure, and regulator.

Step 4 — Check the Ventilator (e700)

Live Monitoring

- **PawPeak:**
 - High → obstruction, kink, secretions, bronchospasm, pneumothorax.
 - Low → leak or disconnection.
- **PawPeak:**
 - Low → apnea, leak, low Vt/RR.
 - High → hyperventilation or auto-triggering.



NOTE

"If the issue is not resolved and ventilation is effected, use BVM with 100% O₂ until ventilation is restored."

DISCLAIMER

This Quick Guide is intended as a simplified reference for EMS providers. It is not a substitute for the full User Manual. For complete instructions on operation, safety, contraindications, maintenance, and troubleshooting, always consult the official User Manual for each device. All O-Two devices must be operated only by trained personnel and in accordance with local EMS protocols, medical direction, and established clinical guidelines.

For full operational guidance, consult the complete manual at: <https://otwo.com/wp-content/uploads/2023/10/e700-IFU-REV19-JUL-2025.pdf>