Everything about ventilators is in need of extreme attention. And *I mean extreme*.

First and foremost, you'll have to ensure that your electrical system is up to local standards and in perfect condition.
Get in touch with your electricity provider to specify that vital devices are connected to the network. Depending on your country, protocols that prevent your energy provider from ever cutting your electricity supply and, in case of a general failure, to get electricity back in your place first, can be implemented. In case a power failure happens, remind that your ventilator is equipped with a battery that can last a couple of hours, *so remain calm, dude.* Furthermore, you are a priority for the emergency units; be aware that when they get a call from, you they already know your situation and they'll be there in a couple of minutes. VIPs, aren't we?

Now let's take a look at the ventilator itself.

First, you absolutely need **2 ventilators**. All of your caretakers will have to be trained in emergency ventilator replacement. Because, in case of ventilator failure, we switch to the second one. It's not rocket science: they don't need to know about every nook and cranny of the machine, just alarms and how to replace it. Breakdowns are extremely seldom with proper equipment. (I've written about failures, please report to my text "Ventilator Issues").

Every specifics of the machine will have to be set up by a specialist. It will commonly be a pneumologist, but my preference goes to intensive care specialists. They basically live and breathe ventilators, so they know everything about them. Moreover, if your weight changes (for the better, I hope), the air volume will have to be adjusted because it is indexed on your weight. And there again, without underestimating pneumologists, resuscitators are the most qualified. They are used to work with beds equipped with weigh scales, therefore to precise adjustments.

Turbine-driven ventilators are a no-no for us. They are perfect for sedated patients, but can't stand violent tracheal aspirations, they crash. I crashed three Resmed VS3, even if they have a stellar reputation. I wish you saw my wife make emergency switches, it was just like being at a Formula 1 Grand Prix during a ride-through.

We need the latest generation of ventilators. The Rolls Royce of ventilators is the Astral 150 from Resmed. You have to kindly demand this one, in duplicate of course.

Every piece of advice here is compliant for full coverage by the French national medical insurance. In your own country, you'll have to check what is possible and/or negotiate

through your healthcare insurance. You'll find in [link to the article] an inventory of the best elements you'll need according to me, that are often far removed from what you will be offered first.

Here you have 2 Astrals, *don't forget to get a spare battery* as well, *a Bag Valve Mask (or B.V.M.)* seems mandatory, we never know. And to be fully equipped, an oxygen bottle might be useful to keep at *hand range*.

The ventilator itself doesn't require any specific routine care. It is designed to work for thousands of hours and has a very strict technical approval. Your ventilator provider will take care of the revisions. You still have to store some consumables. I advice to have 3 valve tubes, that we also call circuits. They connect the respirator to the tracheostomy system and must be replaced monthly. An anti-bacterial filter should be installed at the exit vents of the ventilator. This one must be replaced every 2 months.

Finally, as air doesn't get through your nose anymore, you may find it cold and/or dry. To overcome this inconvenience, heating trays can be integrated to the circuit. However, if this sensation of dryness persists, nebulizers may be prescribed and adapted to the circuit.

Now it's time to face your new life, with *greater serenity*. This ordeal made you a better person. It's now up to you to create the life that goes with it. Revolving, at last, around love.

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