

Oxygen Therapy through Dräger Ventilator during Tracheostomy Weaning

Background for change:

Traditionally two humidified circuits would be set up at bedside, one to deliver unsupported sprint weaning and the other to deliver rest settings through the ventilator. Several ways to set up a humidified circuit are available and remain appropriate if ventilator liberation has already occurred. Reasons such as time inefficiencies over availability of water chamber heaters and heater cables, and ultimately trying to minimise risk of bacteria congregating in the still warm/cold chambers used between weaning sessions has resulted in this guidance document being written.

Indications for use:

As part of a tracheostomy weaning strategy
To deliver humidification for patients with secretions
Minimises duplication of equipment at bedside
Eliminates requirement for two simultaneous circuits and associated heaters

Contraindications:

No spontaneous breathing effort

Equipment required:

Dräger ventilator (Evita XL or Infinity V500)
Fisher & Paykel humidifier and heating wires
Purple humidified breathing circuit (already in use by patient)
Sterile water bag
Appropriate connector (T-piece, Y-piece)
Elephant tubing 12" section
Closed suction (Y-piece set up only)

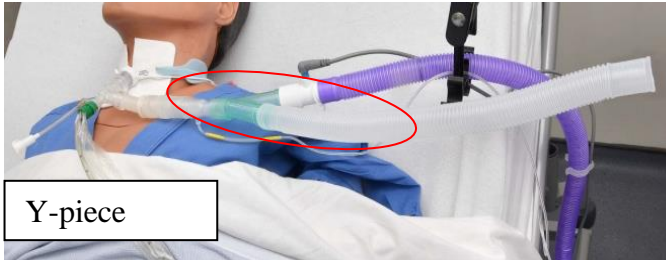
Critical Care Guidelines
FOR USE BY CRITICAL CARE ONLY
Process to deliver oxygen therapy via Dräger ventilator
Step 1 – Circuit changes



Manual disconnect and



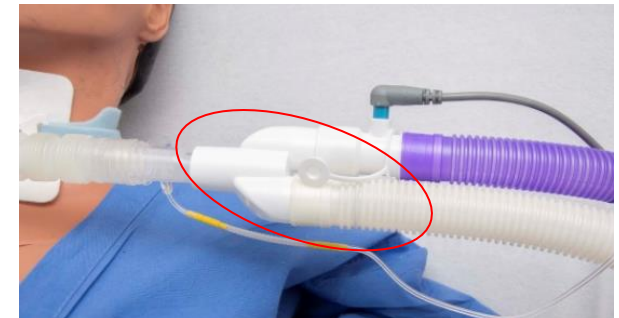
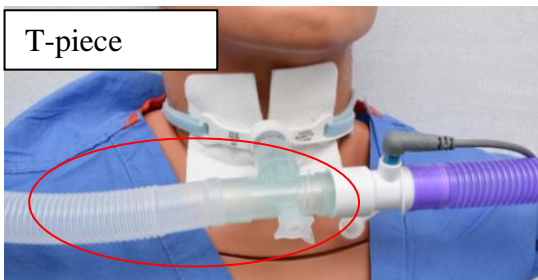
Remove white Y-piece
with white expiratory



Replace with green Y-piece
and section of elephant
tubing. Retain closed

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Replace with green T-piece
and section of elephant
tubing. Remove closed



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Step 2 – Ventilator changes

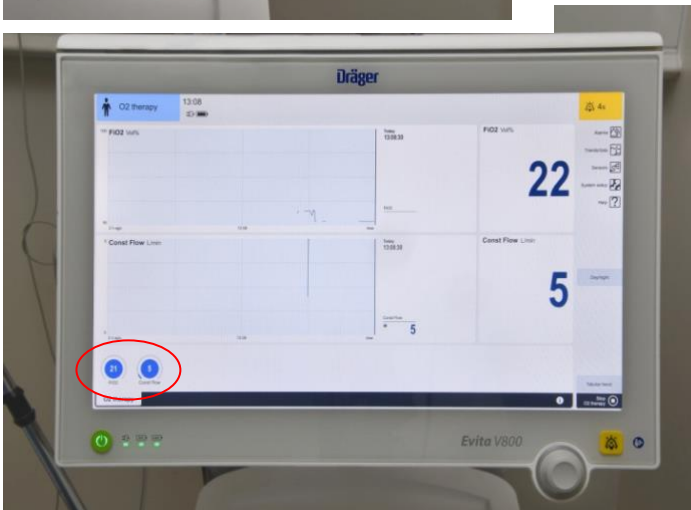
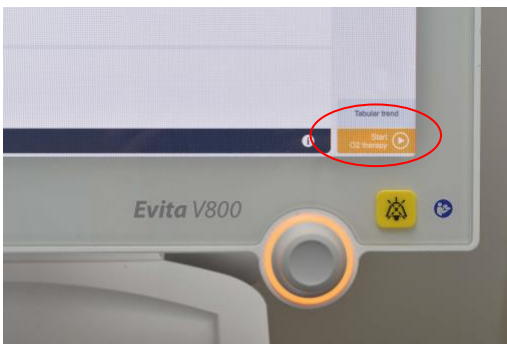
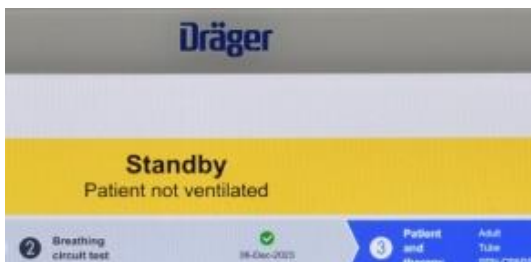


Stop
ventilation and

Change to O2
therapy and confirm

Start O2

O2 therapy is running through
ventilator, flow of 5-10L/min is



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