



Department:

Respiratory Services

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EXHIBIT

Topic: Critical Care -
Weaning Protocol for ICU/CICU
(Policy and Protocol)
(Respiratory Therapy)

Number: B-00-13-12001

Related Links:

RTD5032 – Weaning Protocol
for ICU/CICU, Protocol For

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APPLICABLE SITES:

St. Paul's Hospital

Weaning Protocol for ICU/CICU RTD6032

Daily Screening: (All of the following conditions must be met)

1. Adequate oxygenation: $\text{PaO}_2/\text{FiO}_2$ ratio > 150 , $\text{PEEP} \leq 8 \text{ cmH}_2\text{O}$
2. No significant respiratory acidosis
3. Hemodynamically stable: minimal vasopressor agents ($\text{dopamine} \leq 5 \mu\text{g/kg/min}$ acceptable), stable heart rate/rhythm
4. Adequate mentation: minimal sedative agents (intermittent dosing acceptable), able to initiate spontaneous breaths
5. f/Vt ratio ≤ 105 (measured after 1 minute on $\text{CPAP} = 0$, $\text{PS} = 0$)

NO

Resume current ventilation

YES

Spontaneous breathing trial (SBT):

CPAP with PS of $5 \text{ cmH}_2\text{O}$ for 2 hours

NOTE: In CICU, use T-piece for spontaneous breathing trial (unless otherwise ordered by the ICU attending physician)

Trial will be stopped if 2 or more of the following are observed:

- a. $\text{RR} > 35$ breaths/minute for > 5 minutes
- b. $\text{SaO}_2 < 90\%$
- c. $\text{HR} > 120\text{-}140$ beats/minute
- d. Sustained \uparrow or \downarrow in HR by $\geq 20\%$
- e. Systolic BP $> 180 \text{ mmHg}$ or $< 90 \text{ mmHg}$
- f. Increased anxiety and/or Diaphoresis

Successful trial?

NO

YES

If the trial is stopped, increase PS in $5 \text{ cmH}_2\text{O}$ increments until the above conditions have corrected (up to a maximum PS level of $25 \text{ cmH}_2\text{O}$).
NOTE: In CICU, put patient back on the ventilator and then proceed as above

If the patient does not recover on higher levels of PS, return to previous maintenance mode of ventilation (eg. Assist/Control, Pressure Control).

Physician notification - Documentation

- Trial successful – consider extubation

Consider
Extubation

NOTE: If the trial was stopped, the patient will be reassessed for weaning tolerance the next morning.

Each patient will be assessed daily for weaning tolerance until extubated.