

Neonatal Ventilator Weaning Guidelines: ACUTE Care Patients:

Protocol for:

Weaning from conventional mechanical ventilation

Patient Type:

Neonatal Intensive Care patients who have been identified by the NICU attending physicians and team to be hemo-dynamically stable and with a pulmonary condition suitable for weaning from the ventilator towards extubation in the next 24-48 hours. An order will be entered: NICU Ventilator Weaning Protocol-Acute.

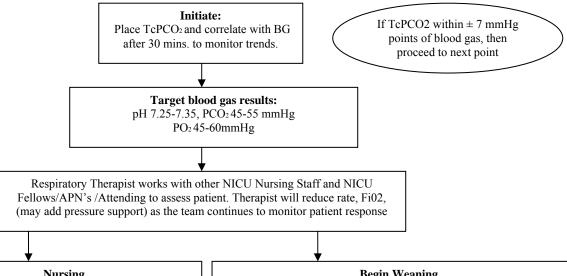
Clinical Area:

Le Bonheur Neonatal Intensive Care

Equipment Needed:

Conventional Mechanical Ventilator, TcPCO2 I-STAT, ABG kits, Stethoscope, cardio-respiratory and hemo-dynamic monitor, pulse oximeter.

Basic Sequence:



Nursing

- a) Inform physician about paralytics, sedatives or analgesics scheduled to be administered and clear with physician that patient can receive the medication. Sedation/pain meds minimized as per MD assessment.
- b) Document TcPCO2 readings q15 min x 3 after each change then regularly Q 2 hours
- c) Inform RT if TcPCO2 changes by >10 units from last documented reading
- d) Wean FiO2 per Unit guidelines
- e) Inform RT if FiO2 is increased by > 10% from last FiO2 setting when a change was done.

Begin Weaning

Assess initial patient settings with physician for target pressure settings. If CXR shows no hyperinflation, and tidal volume is not consistently> 6ml /kg, then wean rate. Otherwise continue adjusting PIP/PEEP (up or down) until optimized pressure settings are reached.

- PIP/V_T : $\downarrow 1-2 cmH_2O$
- Peep: ↓ 1cmH₂O/change to 4 cmH₂O b)
- If using SIMV PS/PC, keep PS 2 units below PIP c)
- Rate: \$\psi 5-10\$ breaths/change. Target RR 15-25 before extubation d)
- Inform physician if patient does not tolerate a wean e)
- If at any point the patient becomes distressed- immediately return to previous settings and notify physician.
- Changes no more frequently than every 20 30 minutes
- At target settings, assess for extubation

*Perform Blood Gases q 4-6° and PRN to monitor and correlate TcPCO2

**Communicate with bedside RN and/or physician after all changes.