MEDICAL CENTER
Department of Respiratory Care
Surgical Critical Care
Ventilator Weaning Protocol

Patients who fall within the criteria for a Daily Spontaneous Breathing Trial (DSBT) shall receive a trial Qday unless otherwise directed by the attending intensivist.

Initial Vent settings

<table>
<thead>
<tr>
<th>Modality</th>
<th>SIMV</th>
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</thead>
<tbody>
<tr>
<td>Rate</td>
<td>10-12 bpm</td>
</tr>
<tr>
<td>FiO2</td>
<td>100%</td>
</tr>
<tr>
<td>Tidal Volume</td>
<td>7-10 ml/kg IBW</td>
</tr>
<tr>
<td>Peep</td>
<td>5 - 8 cm H2O</td>
</tr>
<tr>
<td>PSV</td>
<td>5 - cm H2O</td>
</tr>
</tbody>
</table>

Obtain an ABG 20 - 30 minutes after settled on ventilator

Wean FiO2 by 20% q20 min to keep SpO2 > 92 %

If the patient maintains a stable and normal hemodynamic status after 2 hrs, turn off sedation and tube feedings
- Heart rate 60 - 100 bpm
- RR < 30
- Blood pressure
  - systolic 90 - 130 mmHg
  - diastolic 60 - 90 mmHg
- SpO2 > 92 % on 40% FiO2

Wean vent rate to 4, monitor minute volume, SpO2, HR, RR, and BP
- If pt is hemodynamically stable after 20 min and can perform a head lift, change to CPAP

Obtain NIF ( >= -20)
RSBI (<105)
Minute volume 6 - 12 lpm
SpO2 > 92 %
- If all within normal limits, extubate pt
- Apply O2 to maintain SpO2 > 92%
- Institute NIV if needed

If at any time during weaning hemodynamic parameters increase or decrease 20% from baseline return patient to initial vent setting, document and call physician