

UMC Post Op Open Heart ORDERS for RESPIRATORY VENTILATOR CARE & WEANING

Patient Label Here

Procedure Date: Procedure:	
Admitting Diagnosis:	
1. <u>INITIATE VENTILATOR SET UP:</u>	
On arrival place patient on SIMV/PS Mode. Initiate Pulse Oximetry and Capnography	
 Initial Tidal Volume is 6-8 milliliters per kilogram of Ideal Body Weight (IBW), to maintain Plateau Pressure g 	zoals
between 25-30 cm H_2O .	,0415
☐ May decrease Tidal Volume less than 6 milliliters per kilogram	
☐ DO NOT decrease Tidal Volume less than 6 milliliters per kilogram	
• Initial Ventilator Rate is 8-12 Breaths per minute until the patient demonstrates the capability of spontaneous respirations	
• FiO ₂ – 100% initially, Weaning FiO ₂ to 40% in 10-15 minute increments, while monitoring the Pulse Oximeter ETCO ₂ Auto-wean FiO ₂ to maintain SaO ₂ \geq 93%	& the
• PEEP up to 5cmH ₂ O if Systolic Blood Pressure is > 80mmHG	
• Set Initial PS to 10 cmH ₂ O	
2. <u>VENTILATOR WEANING:</u>	
☐ ABG parameters should be drawn to correlate ETCO ₂ SaO ₂ & document the SVO ₂ Potassium Lactate & Ionized	
Calcium)	
☐ Wean Vent per Standing Delegation Orders Begin @	
☐ Call Anesthesia with NIF, VC, CPAP, and ABG	
☐ Ventilate/Sedate:	
☐ Overnight with a goal of: ☐ CPAP ☐ Extubate by 0630 in AM	
☐ Wean FIO ₂ per Standing Delegation Order Do NOT Extubate without Specific Order	
☐ Respiratory Therapy evaluation upon Extubation	
3. <u>CRITERIA for WEANING:</u>	
Ventilator Weaning occurs when patient is stable. Collaboration should occur between the Respiratory & Nursing Staff	Prior to
extubation. Specific Critieria to Evaluate include:	
• Adequate Blood Pressure	
• Absence of significant Cardiac Arrhythmias	
• Minimal Use of Narcotics for Pain Control	
• Minimal Use of Sedation	
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- ABG Analysis:
 - рН 7.30 - 7.470
 - PaCO₂ 35-50 mmHg
 - o Pa $O_2 \ge 80 \text{ mmHg}$
 - o Sa $O_2 \ge 93\%$
 - o ETCO₂ \leq 45 mmHg
- If at any time the ETCO2 Trend is in Question, Obtain an ABG

INSTRUCTIONS: 4.

- a. Continue to Wean FiO₂ to Maintain Oxygen Saturation $\geq 93\%$
- b. Begin to Wean Ventilator Rate by 2 Breaths Every 30 Minutes, as tolerated when Spontaneous Respiratory Efforts of Patient Begin & Spontaneous Tidal Volumes are > 300 milliliters. May wean more rapidly, if Patient is Doing Well Observe Patient for any intolerance to weaning
- c. PS 8 10 cmH₂O Can Be Utilized to Overcome Resistance of the ET Tube
- d. Ultimate Goal: CPAP 5/ PS 5 for 20 40 minutes. Complete Weaning Parameters, & Extubate
- Obtain an ABG, near the end of the CPAP Trial e.
- When the Patient is able to follow Commands & Can Raise Head Off the Bed, Evaluate the Readiness for Extubation by following the Respiratory Weaning Parameters

RESPIRATORY WEANING PARAMETERS: 5.

- NIF Better Than -20cm H₂O
- Spontaneous Tidal Volume > 5 ml/kg IBW
- Spontaneous Respiratory Rate < 25 breaths per minute
- Spontaneous Minute Volume < 10 L per minute
- Vital capacity > 10 ml/kg IBW
- RSBI ≤ 90 (Respiratory Rate / Tidal Volume)

CPAP TRIAL ABG CRITERIA

- $PH \geq 7.30$
- PaCO₂ < 50 mmHG (Unless Patient Baseline Value is Higher)
- $PaO_2 > 60$ mmHG on 40% FI O_2
- No Other Signs of Weaning Intolerance

7. **PARAMETERS MET:**

- Extubate the Patient
- b. Place on 50% Cool Aerosol Face Mask
- Wean FiO₂ to Maintain Oxygen Saturation > 93%

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- d. Initiate an Incentive Spirometer &/or Other Respiratory Services per the Respiratory Care Plan-
 - Begin Inspiraex Protocol every 1-2 hrs after extubation.
 - Instruct Patient, Incentive Spirometry every hour x 10 while awake from 0600 until 2300
 - Wean Oxygen to keep Saturation > 92%
- ☐ Albuterol 2.5mg unit dose nebulizer every 4 hours x 48hrs per RT Standing Delegation Orders.

8. PARAMETERS NOT MET:

- Respiratory Rate > 35 breaths per minute for > 5 minutes
- Oxygen Saturation < 90%
- Heart Rate > 140 beats/ minute
- Sustained Increase or Decrease in Heart Rate by 20%
- Systolic BP greater than 180 mmHg or less than 90 mmHg
- Increased Anxiety
- Diaphoresis
- Bleeding > 100 ml per hour

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