

Best Practices for Vent/Trach Weaning in a Long Term Acute Care Hospital

The Best Practices identified in this guideline were documented by VapoTherm during a round table meeting on November 2, 2016 with Gaylord Specialty Hospital, Madonna Rehabilitation Hospitals, Florida Hospital of Connerton, Landmark Hospital of Southwest Florida. The purpose of the meeting was to identify and compile commonalities between these LTACHs that may contribute to their success in ventilator weaning and decannulation. These Best Practice guidelines are the result of that endeavor.

Prior to Admission

1. Conduct an RT to RT Report with the acute care hospital. The report may be useful to obtain information on patient history and condition that may not be present in a written admission report. In addition, the RT to RT report may help minimize patient distress during transfer as clinicians have a clearer picture of the patient's condition. Following are examples of questions that LTACHs may use
 - Who is primarily responsible for the patient's care plan?
 - What are the vent settings the patient is on at the acute care hospital?
 - When was the last ABG and Chest X-ray performed? What were the results?
 - What is the current trach type and size?
 - Have any barriers to weaning been identified?
 - How are the patient's secretions? (The LTACHs VapoTherm interviewed indicated this question may help determine the transport humidification needs of the patient)
2. Work with Transport team to provide competency based training on vent/trach patients. Providing education for the acute care clinicians and transport teams can help minimize potential clinical issues during transport. The LTACH's VapoTherm interviewed all agreed these education objectives should include:
 - Describe the difference between the modes and specialty settings available on most in-hospital ventilator vs. transport ventilators and the potential impact on patient's comfort and work of breathing.
 - List the common patient conditions associated with prolonged mechanical ventilation
 - Identify the probable causes of ventilator alarm situations and the actions to rectify them.
 - Explain the importance of humidification of the mechanically ventilated, tracheostomy and intubated patient during transports.
3. LTACH interdisciplinary teams should be trained on all equipment used in care of vent/trach patient, including:
 - Respiratory Therapy
 - Physical/Occupational Therapy
 - Nursing
 - Speech Language Pathology
 - Pulmonologists
 - Wound Care

Vent Weaning

The LTACH's Vapotherm interviewed all agreed the following practices may help prepare patients for vent weaning success:

1. Patient care incorporates an interdisciplinary approach
 - a. Rounding sessions/meetings to review patient status
2. Each patient receives a nutritional consult
3. Each patient receives a Neuro/Psych consult
4. Mobility plan is defined within 24 hours of admission
5. Heated humidification is used during Spontaneous Breathing Trials/Trach Collar Trials
 - a. If patients are hemodynamically stable with no signs of respiratory distress, the pulmonary team should consider extending the trach collar trials past the original order.

Note: The LTACH's Vapotherm interviewed differed in their requirements to meet hemodynamically stable and respiratory distress signs. Before implementing a protocol that allows for extension of trach collar trials, the LTACHs Vapotherm interviewed recommended defining and incorporating these requirements in the protocol.

Decannulation

The LTACH's Vapotherm interviewed agreed the following practices may prepare patients for decannulation success:

1. Conduct Interdisciplinary Trach Rounds to discuss status of patients and if he/she meets criteria to decannulate
2. The mobility plan should continue through the decannulation process
3. Heated humidification should be used throughout the process
 - a. Heated humidification via nasal cannula may be used during the trach capping trials. Clinicians may find that the humidification and respiratory support helps stimulate the upper airway to improve decannulation success.

If you're interested in learning more about Best Practices for Vent/Trach weaning, the LTACHs Vapotherm worked with – Gaylord Hospital, Madonna Rehabilitation Hospitals, Florida Hospital of Connerton, and Landmark Hospital of Naples are available to share their policies and protocols. Contact Nicole D'Amboise, Vapotherm Post Acute Care Market Manager at ndamboise@vtherm.com for more information.

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