

**OLIVE VIEW-UCLA MEDICAL CENTER  
RESPIRATORY CARE SERVICES - ADULT  
POLICY & PROCEDURE**

**NUMBER: 5746  
VERSION: 1**

**SUBJECT/TITLE:** WEANING PROTOCOL

**POLICY:** All mechanically ventilated patients are to be enrolled in the Respiratory Care Practitioner driven protocol, unless otherwise ordered by the physician.

**PURPOSE:** To daily evaluate all mechanically ventilated patients for their ability to maintain and assure normal respiratory function without mechanical assistance.

**DEPARTMENTS:** RESPIRATORY CARE SERVICES

**DEFINITIONS:**

**PROCEDURE:** The Ventilator Weaning Protocol is divided into 3 phases:

1

Daily Screen Phase: Generally done by the Night shift RCP during their last ventilator round for the shift. This phase is a daily evaluation of the patient’s hemodynamic stability. The RCP will go through the list in the phase and checks the appropriate box. Note that if any box is marked “yes” the weaning protocol is immediately aborted for the day. All documentation will be done in the Weaning Protocol section in ORCHID. (Please refer to the picture below).

DAILY SCREEN PHASE			
DAILY EVALUATION OF HEMODYNAMIC INSTABILITY ASSESSMENT			
	Yes	No	COMMENTS
1. Dopamine infusion > 5 mcg/kg/min	<input type="checkbox"/>	<input type="checkbox"/>	
2. Systolic Blood Pressure < 90 mmhg	<input type="checkbox"/>	<input type="checkbox"/>	
3. Pulse < 50 or >130 bpm	<input type="checkbox"/>	<input type="checkbox"/>	
4. Temperature of 100.4°F or 38°C	<input type="checkbox"/>	<input type="checkbox"/>	Temperature: _____
5. FIO2 >50% or PEEP of >8 cmH2O	<input type="checkbox"/>	<input type="checkbox"/>	FIO2: _____ PEEP: _____
6. Is patient Over-Sedated?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Other – Please specify reason	<input type="checkbox"/>	<input type="checkbox"/>	Reason: _____

**DO NOT WEAN IF ANY ONE BOX IS CHECKED YES IN SCREEN AND TEST PHASES**

2

Test Phase: Generally done by the Day shift RCP during their first ventilator round for the shift, considering that the patient passes the Daily Screen Phase. The patient is placed on CPAP of 0 and Pressure Support of 0 for 3 minutes. At the end of this phase the RCP will go through the list

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of items on the list and checks the appropriate box. Note that if any box is marked “yes” the weaning protocol is immediately aborted for the day (Please refer to the picture below). All documentation will be done in the Weaning Protocol section in ORCHID.

TEST PHASE			
RESPIRATORY WEANING ASSESSMENT ON CPAP OF 0 AND PRESSURE SUPPORT OF 0 FOR 3 MIN			
	Yes	No	COMMENTS
1. Respiratory Rate > 35 bpm	<input type="checkbox"/>	<input type="checkbox"/>	
2. Spontaneous Tidal Volume < 5ml/kg of IBW	<input type="checkbox"/>	<input type="checkbox"/>	IBW : _____
3. O2 Saturation < 90%	<input type="checkbox"/>	<input type="checkbox"/>	
4. Pulse > 130 or ↑ of >20% of baseline	<input type="checkbox"/>	<input type="checkbox"/>	
5. Negative Inspiratory Pressure < -20 cmH2O	<input type="checkbox"/>	<input type="checkbox"/>	NIP: _____

**3**

**Protocol Phase:** When a patient passes the Test Phase, the RCP will then put the patient on CPAP with Pressure Support enough to achieve 2/3 of the patient ordered tidal volume. The patient’s pressure support is then rapidly weaned to a minimum per ETT size (Please refer to the picture below). All documentation will be done in the Weaning Protocol section in ORCHID.

PROCEDURE FOR WEANING TRIAL
1. Place Pt on CPAP with PS to obtain 2/3 of pt’s current Vt.
2. Assess patient’s tolerance after 10 min. If pt shows intolerance place back on previous mode and notify MD.
3. If tolerated, continue rapid weaning by ↓ PS by 2 cmH2O q15min, check for intolerance every 10 min.
4. When reaching a Pressure Support of: <ul style="list-style-type: none"> <li>❖ 10 cmH2O with an ETT 7.0</li> <li>❖ 8 cm H2O with an ETT 7.5</li> <li>❖ 6 cm H2O with an ETT 8.0</li> </ul>
5. If above settings are tolerated for 2hrs, check pt’s RSBI (f/vt) it should be <105. Inform MD of results and consider extubation.
6. If patient shows intolerance at any time during weaning, place patient back on previous mode and notify MD. Chart results.

PROTOCOL PHASE										
WEANING ASSESSMENTS	TIME:		TIME:		TIME:		TIME:		TIME:	
1. Respiratory Rate > 35 BPM for 5 minutes	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. O2 Saturation < 90% or a decrease of 4%	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Heart Rate >140 or a 20% change form baseline	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Systolic BP >180 or <90 mmHg	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Excessive anxiety or agitation	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Diaphoresis	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>DID PATIENT PASS PROTOCOL?</b>	YES <input type="checkbox"/>		NO <input type="checkbox"/>		COMMENTS:					
<b>WAS THE PATIENT EXTUBATED?</b>	YES <input type="checkbox"/>		NO <input type="checkbox"/>		COMMENTS:					

References:	
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