

Tracheotomy Training Protocol

(To occur daily on tracheotomy ICU patients)

Step 1 - Conduct Safety Screen

CNS ICP > 15, suspected high ICP or difficulty to control ICP, Status Epilepticus, Delirium Tremens, Induced Hypothermia, Barbituate Coma
 NMB Neuromuscular blockade
 HPTS Significant hemoptysis (significant amounts of blood from ETT or tracheostomy)
 GIB Active GI bleed with hemodynamic instability or hematocrit drop
 MI Suspected acute coronary syndrome
 PRSR On Vasopressor/inotropes
 ARWY Unstable/unsafe airway
 BP MAP < 60 torr unless MD indicated
 FIO₂ FiO₂ > .50 % (0.5)
 PEEP PEEP > 5 for ATC (>10 cm H₂O for SBT)
 V_E V_E > 20 L/min
 MD MD Cancels (Note reason on patient chart)

FAIL

Continue mechanical ventilation
 Re-evaluate at least twice daily

PASS

Step 2 – Adjust Sedation to minimum Riker 3 or proceed to Step 3 if comatose but breathing spontaneously

Step 3 – Verify patient has underlying respiratory rate (minimum 6/min by waveform analysis)

FAIL

PASS

Resume mechanical ventilation at prior settings for 12 hours
 Call MD for FAIL assessment.
Start BEST+IMST Schedule ASAP (see Appendix A)

Step 4 – Wean to Minimal Settings:
 PSV=5, PEEP=5, Rate=0 . F_IO₂ 0.3 to 0.6 to keep SpO₂ ≥ 92%
Nursing / RT staff perform ongoing patient assessment → continue 30 minutes unless EXIT criteria are met
 Record time, vital signs, SpO₂, f/V_T, ETCO₂, NIF and FVC

FAIL

PASS

Step 5 : Spontaneous Breathing Trial
 PSV=0, PEEP=0, Rate=0 . F_IO₂ 0.30 to 0.6 maintain O₂ sat ≥ 92% for 8 hours
 Record time, vital signs, SpO₂, f/V_T, ETCO₂, NIF and FVC

PASS

Step 6 – ATC.
 F_IO₂ 0.3 to 0.6 to keep O₂ sat ≥ 92%
 Record patient outcome (liberation from / or resumption of mechanical ventilation based on EXIT criteria),

Pass = Liberation from mechanical

EXIT Criteria

SOB Increased WOB (Use of accessory muscles, subjective dyspnea,
 SpO₂ SpO₂ < 92%
 ↑RR Respiratory Rate > 40 for more than 5 min
 ↑HR Tachycardia (HR 25bpm > baseline)
 ?HR Bradycardia (HR < 50)
 ↑BP Hypertension (SBP 40mmHg > baseline)
 ?BP Hypotension (SBP < 90mmHg or NOT at MD goal)
 RTHM New or worsening arrhythmia
 DNDR Dangerous behaviors (e.g. won't stop pulling at tubes/lines, unrestrainable, significant agitation or anxiety unresolved with reassurance)
 SBTX2 Failed SBT after awake
 OTHR Note other reason

EXIT

ReVent & ReSedate

1. Resume mechanical ventilation at prior settings.
2. Restart sedation and narcotics at 50% initial rate and adjust as needed.
3. Notify MD

Examples of complex commands:*

Show me the thumb on your right hand.
 Show me two fingers on your left hand.
 Stick out your tongue two times.
 Wiggle your toes. Wiggle your toes again.

Do not file in medical record after discharge

Appendix A: Tracheotomy Training Protocol

Tracheotomy IMST+SBT Schedule

