

Mechanical Ventilation: Weaning Process (Respiratory Therapy)

CHECKLIST

S = Satisfactory **U** = Unsatisfactory **NP** = Not Performed

Step	S	U	NP	Comments
Performed hand hygiene before patient contact.				
Introduced self to the patient.				
Verified the correct patient using two identifiers.				
Regularly evaluated factors that impede weaning in conjunction with factors that measure respiratory muscle strength, endurance, and gas exchange.				
Frequently assessed the patient's progress toward achievement of individual short-term goals.				
In patients who required mechanical ventilation for very long times (and might require a tracheostomy), assessed daily progress toward achievement of individual long-term goals in collaboration with the practitioner, nurse, patient, and family, as appropriate.				
Assessed changes in level of consciousness or nonverbal behavior and complaints of dyspnea or fatigue.				
Assessed ABG values as needed.				
Assessed partial pressure of ETCO ₂ levels.				
Assessed oxygenation indices (SaO ₂ or PaO ₂) during trials.				
Assessed the patient's anxiety level.				
Evaluated the patient's stability and overall condition before initiating active weaning trials.				
Ensured that the patient understood preprocedure weaning instruction.				
Addressed all factors that might have impeded weaning potential.				
Established weaning screen criteria, if applicable.				
Determined the duration of the weaning trial before beginning.				
T-Piece or Tracheostomy Collar Trials				
Performed hand hygiene and donned gloves. For patients with isolation precautions, also donned a gown, mask, and eye protection.				
Explained the procedure to the patient and ensured that he or she agreed to treatment.				

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Positioned the patient for optimum ventilation.				
Communicated with the patient and family throughout the weaning process.				
Suctioned the artificial airway to ensure patency.				
Connected the patient to a heated aerosol via a T-piece or tracheostomy collar.				
Informed the patient that the trial would feel different than when on the ventilator and instructed him or her to try to breathe normally.				
Monitored the patient's respiratory frequency, breathing pattern, heart rate and rhythm, Sao ₂ , and general appearance. Closely tended to the patient.				
After a predetermined time interval or with the emergence of signs of intolerance, placed the patient back on resting ventilator settings. Did not exceed the predetermined duration of the weaning trial.				
If the patient successfully met full trial criteria, notified the practitioner and team regarding the patient's response, and considered extubation. If a protocol was in place, extubation may have been the next step and may not have required such notification.				
Evaluated the patient for signs and symptoms of intolerance and respiratory muscle fatigue. If signs of intolerance occurred, promptly returned the patient to supported ventilation.				
Observed the patient for signs or symptoms of pain. If pain was suspected, reported it to the authorized practitioner.				
Discarded supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the patient's record.				
CPAP Trials				
Performed hand hygiene and donned gloves. For patients with isolation precautions, also donned a gown, mask, and eye protection.				

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Explained the procedure to the patient and ensured that he or she agreed to treatment.				
Positioned the patient for optimum ventilation.				
Communicated with the patient and family throughout the weaning process.				
Suctioned the artificial airway to ensure patency.				
Changed the patient from resting ventilatory settings to CPAP.				
Instructed the patient to breathe normally and monitored for signs and symptoms of intolerance. If using a protocol, referred to specific criteria.				
After a predetermined time interval on CPAP or if the patient exhibited signs or symptoms of intolerance, placed the patient back on resting ventilator settings. Did not exceed the predetermined duration of the weaning trial.				
Notified the team of the results of trials. If the last step of the weaning plan or protocol was attained, considered extubation. If a protocol was used, this step may have been automatic.				
Observed the patient for signs or symptoms of pain. If pain was suspected, reported it to the authorized practitioner.				
Discarded supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the patient's record.				
SIMV Weaning Method				
Performed hand hygiene and donned gloves. For patients with isolation precautions, also donned a gown, mask, and eye protection.				
Explained the procedure to the patient and ensured that he or she agreed to treatment.				
Positioned the patient for optimum ventilation.				
Communicated with the patient and family throughout the weaning process.				
Suctioned the artificial airway to ensure patency.				

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Gradually and progressively decreased SIMV breaths. If needed to avoid fatigue, added PSV.				
Assessed the patient for the signs and symptoms of fatigue, inadequate gas exchange, and impaired breathing pattern with decreases in the SIMV rate. Ensured adequate rest times between trials and at night.				
Evaluated the patient for signs and symptoms of intolerance and respiratory muscle fatigue. If signs of intolerance occurred, promptly returned the patient to supported ventilation.				
Notified the team of the results of trials. If the last step of the weaning plan or protocol was attained, considered extubation. If a protocol was used, this step may have been automatic.				
Observed the patient for signs or symptoms of pain. If pain was suspected, reported it to the authorized practitioner.				
Discarded supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the patient's record.				
PSV Weaning Method				
Performed hand hygiene and donned gloves. For patients with isolation precautions, also donned a gown, mask, and eye protection.				
Explained the procedure to the patient and ensured that he or she agreed to treatment.				
Positioned the patient for optimum ventilation.				
Communicated with the patient and family throughout the weaning process.				
Suctioned the artificial airway to ensure patency.				
Set the PSV level to PSV max and decreased the level according to the organization's practice or as clinically indicated (e.g., no signs of intolerance).				
Monitored the patient's responses to weaning. Returned the patient to full ventilatory support if signs of intolerance				

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occurred and when the intended duration of trial was reached.				
When the clinical goal for PSV weaning was accomplished, discussed extubation with the practitioner. If protocol was used, the next step may have been automatic.				
Evaluated the patient for signs and symptoms of intolerance and respiratory muscle fatigue. If signs of intolerance occur, promptly returned the patient to supported ventilation.				
Observed the patient for signs or symptoms of pain. If pain was suspected, reported it to the authorized practitioner.				
Discarded supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the patient's record.				

Learner: _____ Signature: _____

Evaluator: _____ Signature: _____

Date: _____