Important respiratory care protocols you need to be aware of!

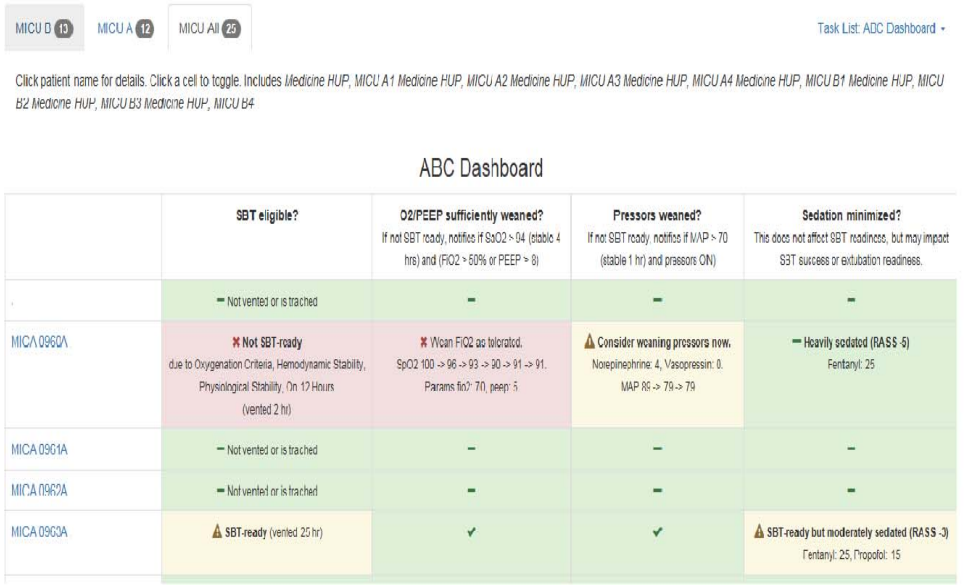
- Ventilator Liberation Protocol alert
  - Alerts that a patient can undergo a spontaneous breathing trial BUT is oversedated. Your job is to find out whether or not sedation is clinically indicated and to consult with your fellow/attending.

- Post-intubation order set and extubation risk assessment
  - The purpose is to make sure that multiple important orders are immediately placed to provide a safe transition to MV. This includes vent and sedation orders, CXR, ABG, and sputum if indicated. Extubation risk should also be documented

ABC Dash/Alert

- **ABC Pilot**
  - We will shorten the time patients spend on MV by using an electronic surveillance system to more promptly detect patient readiness for weaning and send automated alerts to bedside providers to initiate weaning trials of both vent and sedation support (when appropriate).
- **ABC Dashboard**
  - Used to determine which patients are SBT-Ready. This dash can be used at anytime to discuss patients status to promote weaning of FIO2/PEEP , pressors, & sedation.
- **SBT/Sedation Alert**
  - 24hr surveillance system that will send a text to RT, RN, and provider when patients meet SBT criteria.
  - A second alert will be sent to the Charge RN and Provider if RASS <0 and if patient is also getting an IV drip sedative or analgesic suggesting to reassess sedation needs

    - ***Residents***
      - ***The GOLD and GREEN team phones will receive a text alert. Expectation is to assess the need for sedation: can sedatives be stopped to improve the likelihood a patient passes their SBT and is ready sooner for extubation?***
    - **RT**
      - **Will receive a text alert that patient is SBT-Ready. Expectation is to go to the bedside within 30min to place on SBT if appropriate and complete a short survey attached in the alert**
    - ***Charge RN***
      - ***Will receive the alert via cureatr and forward that message to the bedside RN. Expectation for bedside RN is to go and assess if patients sedation can be discontinued***



Post-intubations orderset

For Orders/Practices in *All* Pt's Who Are Intubated & Mechanical Ventilated

Includes Ext Risk Screening!

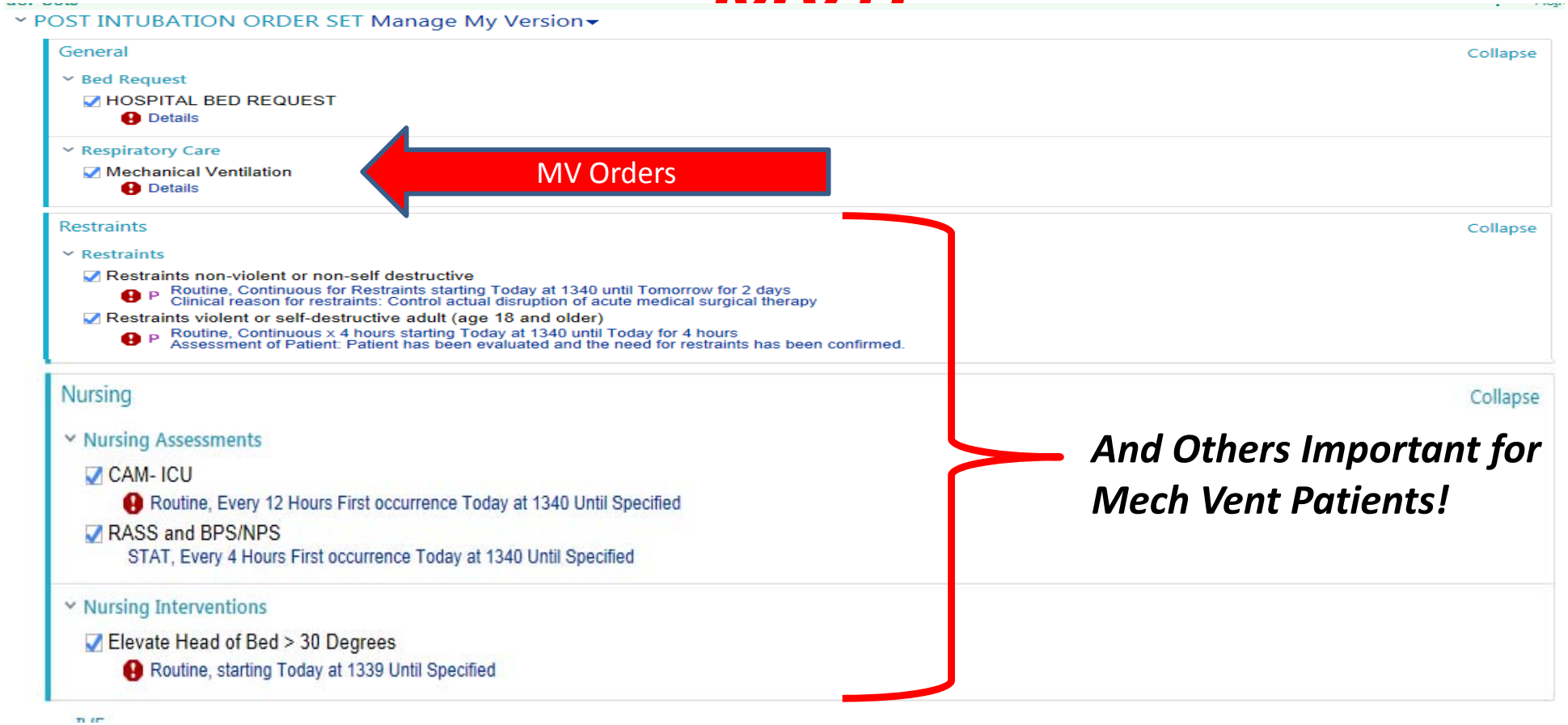
This Program Has 2 Components

- **The Post-Intubation Order set:**
  - ICU Providers complete this for all MV pt's (regardless of when intubated)
  - Many essential orders to prevent/reduce risk of complications, e.g. ventilation, sedation, and STAT tests to order

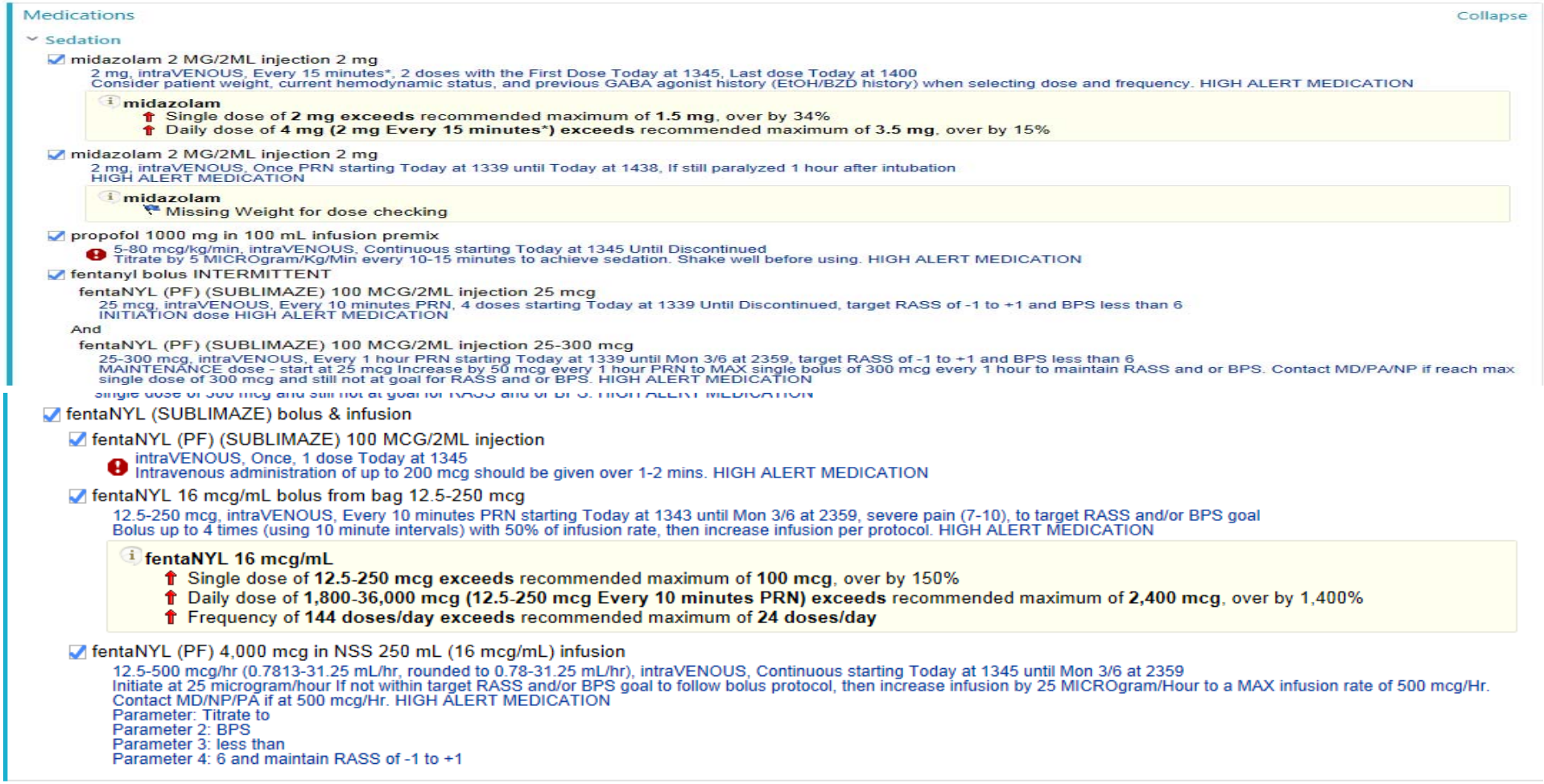
- **Extubation Risk Screening:**
  - All intubated patients MUST have an *Extubation Risk Screen* completed
  - In most, screen completed post-intubation by Anesth, ICU, or ED team
  - Intubated OSH ICU admissions are screened by ICU providers
  - Criteria self explanatory; identify conditions for complicated re-intubation

Post-Intubation Order Set

(Also Used For New Admits Already on MV)

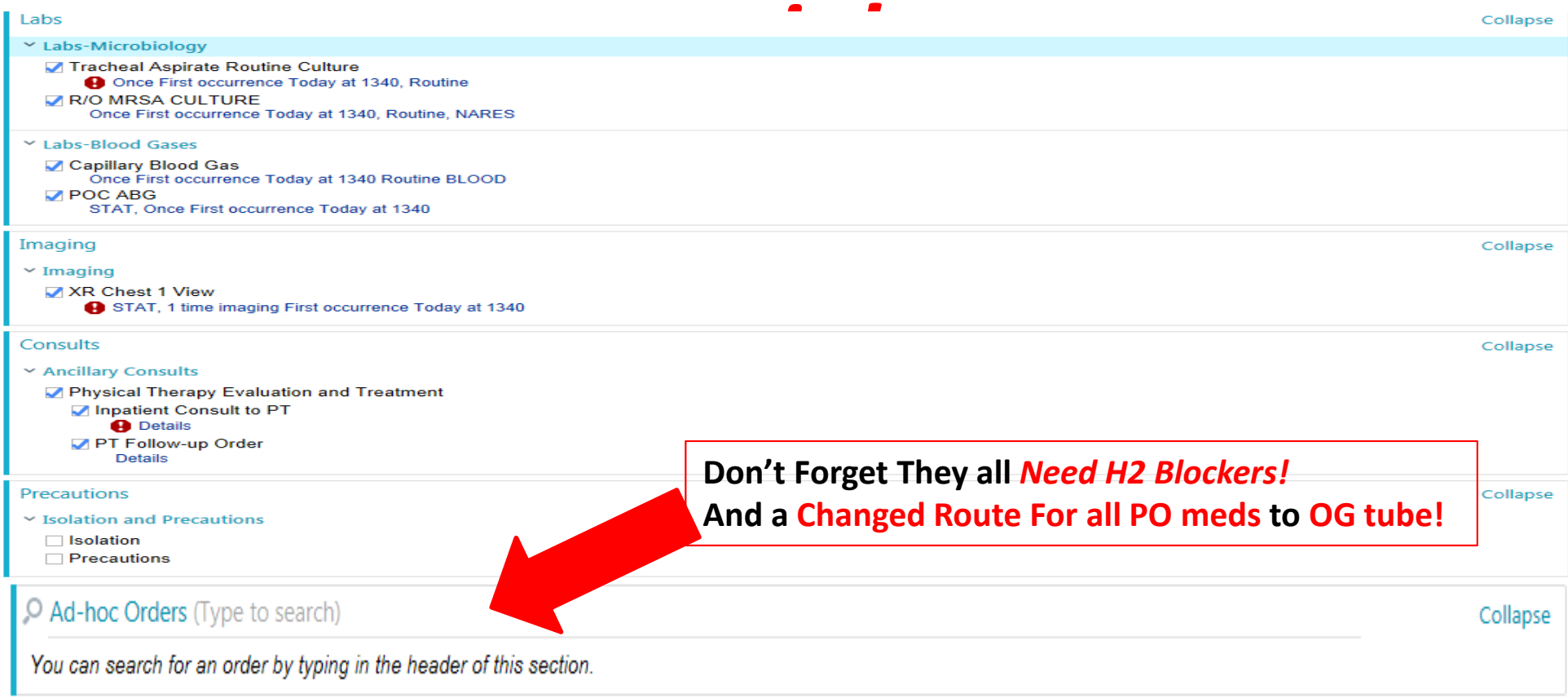


Includes Sedation Orders For Post-Intubation Paralysis!



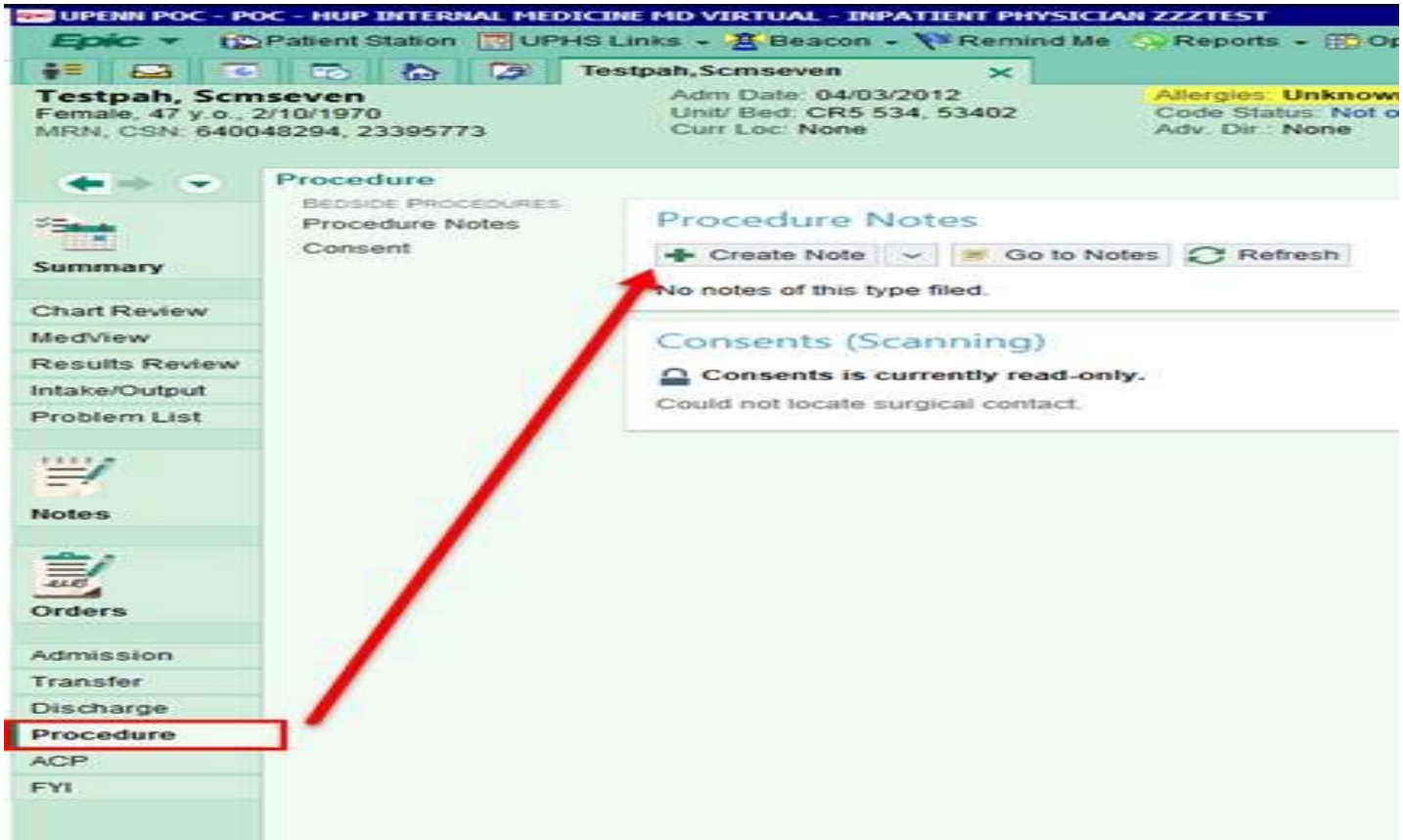
And Other Important Time-Sensitive Orders

Note: Perform CXR/POC ABG within 15



How Do You Enter the Extubation Risk Screen?

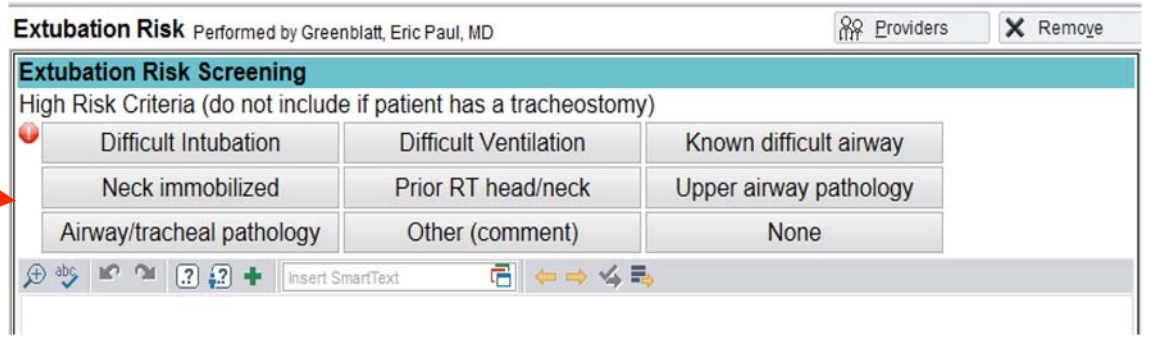
Select *Procedure*----> *+Create Note*



Under *New Procedures* Select→*Extubation Risk*

Then Select Risk Based on History/Chart Documentation

in Inpatient Procedure (Notes):



Note: **At least *<u>one</u>* button MUST be clicked to complete the Risk Screen.**

Select either one (or more) of the High Risk Criteria, as applicable.

Otherwise, if none of the criteria are met you must click 'None'.

* For patients with no risk factors, the process is complete.

Patient is Placed on Anesthesia's High Extubation Risk Patient List!

- **Within 24 hrs Anesthesia will Assess Pt & if Confirmed Enter Extubation Plan!**

Prior to Any Extubation, Always Review Extubation Risk…….

- If High Risk - there are multiple reminders (representing a robust safety net) including Banner, BPA, Wall Card, Sticker, to ensure extubation occurs safely
  - Review Extubation Plan and implement prior to extubation
- If Low Risk – patient may be extubated without preparation with a low risk of complications