

We are happy to introduce Mt. Washington Pediatric Hospital's Ventilator Weaning Program. Please consider this program for children currently in acute care facilities who have become stable, with a goal of completely weaning from their ventilator, or if this is not possible, to wean to ventilator settings that are acceptable for the home setting. We also have a ventilator weaning program for patients coming from home, with a goal of weaning patients off the ventilator, or if that is not possible, weaning to the lowest settings possible.

VENTILATOR WEANING FOR PATIENTS COMING FROM A HOSPITAL

For admission to Mt Washington Pediatric Hospital, the following criteria need to be met, to ensure a safe transfer:

1. Ventilator rate no more than 25 per minute
2. Supplemental oxygen no greater than 40%
3. Total pressure no greater than 28
4. PEEP no greater than 8

Other mandatory admission criteria include:

1. Ventilator dependent patients must weigh at least 5kg.
2. Patients must be stable for a period of at least 24 hours before transfer, with no change in ventilator settings during this period. If they require increased ventilator settings, oxygen or medications to maintain stability, they will remain in acute care hospital until they are stable for at least 24 hours.
3. Blood gases must be stable, with pCO₂ less than 65. A blood gas (CBG acceptable) must be done within 72 hours of transfer or within 24 hours if the vent settings have changed.
4. Patient on routine bronchodilator nebs no more than every 4 hours.
5. All patients weighing less than 10 kg must be on a LTV ventilator for at least 24 hours prior to transfer, demonstrating stability during this time period on this ventilator. If they require increased ventilator settings, oxygen or medications to maintain stability, they will remain in acute care hospital until they are stable for at least 24 hours on an LTV ventilator.
6. Patients on SiPAP should be transitioned to an LTV ventilator with a RAM canula prior to transfer.
7. The MWPH Respiratory Therapy Ventilator Transfer Note needs to be filled out by a Respiratory Therapist 24 hrs prior to the patient's transfer and faxed to Admissions @ 410-542-8717.

NOTE: If an LTV ventilator is not available, please contact Sajid Manzoor, the Director of Respiratory Care at Mt Washington Pediatric Hospital, or his designee, to discuss comparable vent settings using another type of ventilator. He can be reached at 410-578-5253, or 410-578-5212.

******THE ABOVE CRITERIA MAY BE OVERRIDEN BY THE MWPH PEDIATRIC PULMONOLOGIST OR VPMA IN CERTAIN SITUATIONS, UPON REVIEW OF THE PATIENT HISTORY, CLINICAL STATUS AND SUPPORTING DATA.******

VENTILATOR WEANING FOR PATIENTS COMING FROM HOME

The ventilator weaning program is helpful for patients on ventilators coming from home. This program is particularly effective for children with behavioral problems or with a low tolerance for monitoring equipment and for children that have difficulty falling asleep in the sleep lab.

Ventilator weaning will be done in a high observation patient room, with continuous monitoring. A Ventilator Transfer Sheet needs to be filled out by the Referring Physician with the current settings and faxed to Admissions at 410-542-8717.

In certain situations, the patient may also have a sleep study done. For children requiring sleep studies, they will be available on site, but will need to be scheduled in advance. A sleep study request should be filled out by the Referring Physician and submitted with other paperwork at the time of referral.

A typical stay for those coming from home will be three days but could be longer depending on the individual patient needs.

For questions regarding this program or admission criteria, please call the Admissions office at 410-542-8717.

FOR PATIENTS ON HIGH FLOW NASAL CANULA (HFNC)

High flow should not exceed 4 liters per minute (LPM) for premature infants/neonates, 6 LPM for infants and 8 LPM for children.

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