Weaning from the ventilator

This leaflet was prepared for you by patients and staff in the Intensive Care Unit (ICU) to explain the process of weaning a patient off the ventilator.

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Notes

Patient Advice & Liaison Service (PALS)

If you have concerns or wish to give feedback about services, your care or treatment, you can contact the PALS office on the Ground Floor of the hospital just behind the main reception.

Alternatively, you can send us your comments or suggestions on one of our comment cards, available at the PALS office, or on a feedback form on our website www.chelwest.nhs.uk/pals.

We value your opinion and invite you to provide us with feedback.

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Weaning from the ventilator

Information for patients and relatives

What is a ventilator?

A ventilator is a machine that helps people breathe when they're unable to do so effectively on their own.

When is mechanical ventilator required?

Ventilation is required when a patient has difficulty with breathing on their own. Most people who need support from a ventilator have a severe illness that needs them to be deeply sedated and so are unable to breath for themselves.

What is the main purpose of a ventilator?

It helps support the patient's breathing while the primary reason for initiating the ventilation is treated. The doctors always try to wean the patient off the ventilator at the earliest possible time.

How does a ventilator work?

The ventilator either does all the breathing for the patient or assists the patient's own breathing. To enable this, the doctor sedates the patient with drugs and then introduces a tube called endotracheal tube (ET) tube through the mouth into the windpipe (trachea).

Any mucus secretions can be cleared by suctioning out through the ET tube. The tube is connected to the ventilator.

If ventilation is likely to be prolonged, the decision may be made to perform a tracheostomy. This is when the doctor makes an opening in the patient's neck and inserts a tube which is then connected to the ventilator.

The tracheostomy is more comfortable for the patient. It also means that when the patient is woken, they can communicate more easily. Eventually they will be able to speak with the use of a special valve attached to the tracheostomy. Both the ET and tracheostomy can be easily removed when the patient is better. The hole in the neck from the tracheostomy heals quickly.

How does the patient feel while on the ventilator?

The feeling of the tube in the mouth can be uncomfortable. As the tube passes through the vocal cords the patient is unable to speak, which some patients find frustrating. They will not be able to eat or drink, but mouth care and teeth cleaning can be done by the staff.

Patients can be fed through a tube going into their stomach via their nose. For comfort, a continuous sedation and pain relief drip if given into the vein through a pump.

As the patient improves, the sedation will be reduced, allowing the patient to start breathing on their own.

At this point the tube will be removed and a simple oxygen mask can be used. The time this can take varies from a few hours to several weeks.

How is the patient's progress monitored?

Patients in ICU are constantly monitored to measure heart rate, blood pressure, temperature, oxygen levels. Other tests include taking blood to measure oxygen and carbon dioxide levels (blood gases).

They are continually reviewed by the staff on ICU. As the patient wakes, they are reassured and explanations given about where they are and why.

What are the risks associated with ventilation?

Infection is one of the common problems. Although there are ways to reduce the chance of infection, such as mouth care and suctioning the mucous from the lungs, the ET tube or tracheostomy can allow germs (bacteria) to enter the lungs, which may cause a chest infection.

This can delay the patient's progress and increase the time on the ventilator.

When is sedation stopped?

The doctors may stop sedation altogether, or 'wean' the drugs slowly. As the patient wakes the staff can assess how they are progressing, and make decisions on reducing the ventilation. The rate of waking up varies in each patient.

Sometimes a patient may wake up agitated, restless and confused. This may mean the patient is re-sedated and allowed to wake the next day and assessed again.

Staff understand this behaviour is out of character and are there to reassure both the patient and their loved ones.

Several strategies may also help the patient which may include relatives talking and updating patients on their favourite events, reading for them or simply being there. It is fairly common, and will pass.

What is weaning from a ventilator?

Weaning is the process of reducing the ventilator support which may be done quickly or over days to weeks. It is more complex and hard for the patient if they have been on the ventilator for a long time.

Relatives can be a great source of comfort during this time, and can be at the bedside to encourage the patient.

This can be very tiring and the ICU team will draw up a programme of exercises and ensure they get the right nutrition (food) to help.

What happens next?

When the medical staff are happy the process of discharge from the ICU will begin. This can be an anxious time for the patient and their loved ones, but a careful plan made with other health care professionals on the wards.

Every effort is made to ensure a safe and successful discharge from the Unit, and eventually home.