

Wellington ICU : Tracheostomy Weaning



Weaning progress must be charted every 12-hour nursing shift. Use the table on the reverse of this page.

General Principles:

- The primary mode of tracheostomy weaning is by trials of breathing through a Direct Tracheostomy Interface (DTI)
- When the patient is invasively ventilated between DTI trials, the mode of ventilation will be determined by the medical team
- The tracheostomy cuff provides airway protection and should not be deflated unless directed by an ICU SMO

1 Document weaning strategy

The intended tracheostomy weaning strategy must be documented by the medical team. Patients may transition between strategies during their ICU admission, depending on clinical progress. There are **three**:

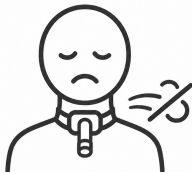
A: Rapid Transition to DTI	OR	B: Patient-Led DTI Weaning	OR	C: SMO-Directed DTI Weaning
Rapid transition from invasive ventilation to DTI without prescribed staged weaning programme. No DTI prescription is required.		Patient undertakes DTI periods according to comfort & tolerance with bedside nursing & MDT support. This approach is ideal for motivated patients who are not confused. No DTI prescription is required.		ICU SMO prescribes planned DTI sessions on the morning ward round. The number & duration of sessions will be documented on the Plan of Care section on the ICU 24 Hour Flow Chart. If the prescribed DTI periods cannot be completed, the patient should be reviewed by the medical team/CNS and the reason(s) for stopping documented on the chart.



2 Monitoring during DTI

During DTI trials, staff should monitor for features suggesting the trial may be failing. These include:

- | | |
|--|--|
| <ul style="list-style-type: none">• Increased work of breathing• Tachypnoea• Excess secretions• Frequent suction requirement• Reduced level of consciousness | <ul style="list-style-type: none">• Poor cough strength• Desaturation• Airway obstruction or stridor• Patient distress or anxiety• General fatigue |
|--|--|



The presence of one or more of these does **not** mean the DTI trial should stop immediately, but should be assessed by an RMO/ CNS +/- discussion with an ICU SMO



3 Review & escalation

If DTI trials are unsuccessful, repeated failure occurs, or clinical concerns arise, the ICU medical team must **review for reversible causes** including pneumonia, fluid overload, or heart failure. The review should consider:

- | | |
|---|---|
| <ul style="list-style-type: none">• Suitability for ongoing DTI wean• MDT planning• Need to modify weaning strategy | <ul style="list-style-type: none">• Ventilatory support between trials• Secretion management• Need for cuff inflation |
|---|---|

Tracheostomy Weaning Record



Surname: NHI:

First Names:.....

Date of Birth:/...../..... Sex:

PLACE PATIENT ID HERE

[illegible]