

Weaning
from
mechanical ventilator

- * Mechanical ventilation (MV) associated with complications
 - ventilator-induced lung injury
 - pneumothorax
- * Endotracheal tube intubation causes
 - uncomfortable
 - airway injury, particularly mobile young patients
- * Once problem that caused the need for MV is resolved, quickly removed from MV

- * Premature extubation results in reintubation, high mortality
- * 50% of unplanned extubation end in success (some patients could be extubated earlier)
- * Both premature and delayed extubation increased morbidity, mortality and costs
- * Weaning carried out as soon as patient able to maintain spontaneous breathing

* **Weaning** : reduction in respiratory support to spontaneous breathing, maintain acceptable gas exchange, extubation

* 3 phases of weaning

1. preweaning

2. weaning

3. extubation

Preweaning phase

Evaluation readiness of weaning

- * Improvement or reversal of the underlying cause
- * Hemodynamic stability
 - absence hypotension or arrhythmia
 - requiring no vasoactive drugs therapy or therapy with low dose
 - pulmonary hypertension
- * Respiratory performance
 - no signs of increased WOB