

# 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

## Prewaning 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