

INITIAL VENTILATOR & EXTUBATION GUIDELINE (22-24 WKS)

v.10-8-20

PLACE ON HFOV: Initial settings: Hz 14; ΔP 16; MAP 8

LAB WORK:

- 1. I-stat gas at time of UAC placement, 2h after, then q4h and PRN for first 24h
- 2. I-stat gases q6h and PRN for 25-48h
- 3. I-stat gases q8h and PRN for 49-72h

MEDICATIONS:

- 4. See Surfactant Delivery Guidelines.
- 5. Caffeine 25 mg/kg IV x 1 load upon admission, then 10 mg/kg IV g 24hrs.

IMAGING:

- 6. CXR at least q6h for first 24h to monitor expansion. If post-surfactant CXR is <1h after surf, repeat in 2h.
- 7. CXR at least q12h from 25 72h to monitor chest expansion
- 8. CXR at least daily from 72h 5d to monitor chest expansion

BLOOD GAS CRITERIA FOR VENTILATOR MANAGEMENT:

		Immediate	Imaraaaa	Hald	Ween	Immediate
Age		Evaluation *Notify Provider*	Increase ∆P	Hold	Wean ∧P	Evaluation *Notify Provider*
Age		Recheck gas 30-60"	ΔΓ		ΔΡ	Aggressive Wean
		after intervention	pCO2	pCO2	pCO2	Recheck gas 30-60"
0-72h	ABG/CBG	pH <7.2 OR pCO2 >70	56-70	45-55	40-45	pH >7.45 OR pCO2 <40
3+days	ABG/CBG	pH <7.2 OR pCO2 >70	61-70	50-60	40-49	pH >7.45 OR pCO2 <40

- Notify Provider if FiO2 >50% or rapidly increasing.
- Any value in "immediate evaluation" category takes precedence.
- Any gas rechecks due to "immediate evaluation" category are in addition to routinely scheduled gases.
- Wean <u>as tolerated</u> with goal to achieve extubatable settings within 5 days. Consider HUS just prior to extubation if >72h of age.

EXTUBATION CRITERIA:

9. **HFOV:** FiO2 <0.4; MAP ≤8; Delta P ≤15; pCO2 <60

Avea: FiO₂<0.4; Rate 20; PEEP 5. PIP based on weight:

Weight	<750 gm	750-1000 gm	1001-1500 gm	>1500
PIP	13 cm H₂O	14 cm H₂O	15 cm H₂O	16 cm H₂O

- Hold all sedation for at least 12h prior to extubation. Consider Narcan/Flumazenil rather than reintubation if oversedation occurs post extubation.
- 11. Call MD/NNP just prior to extubation.
- 12. Refer to NIV order set.
- 13. Follow Intubation & Extubation Criteria, post-extubation gas criteria (on NIPPV order set).
- 14. If extubation fails, consider conventional ventilation after reintubation.