



# Prince Sultan Military Medical City

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وزارة الدفاع  
MINISTRY OF DEFENSE

Departmental Policy	Dept.: Intensive Care Services	Policy No: 1-2-9451-01-028 Version No: 04		
Title: Chronic Ventilation Team (CVT)		JCI Code: ACC		
Supersedes: 1-2-9451-01-028 Version No.03; 21 February 2021	Issue Date:	Effective Date: 08 APR 2024	Revision Date: 07 APR 2027	Page 1 of 5

### **1. INTRODUCTION**

1.1. As the health care technology showed a remarkable improvement in the last two-decade, so is the number of chronic ventilated patients in the hospital. Almost one third of the patients ventilated in the hospital will require a long term weaning process and still a significant portion will require mechanical ventilation as a life support.

### **2. PURPOSE**

2.1. To develop a guideline:

2.1.1. For better utilization of the resources and provide the best standard of care to our patients.

2.1.2. For Chronically ventilated patients ( $\geq 21$  days on ventilator), whose population is increasing in the health care institution, so is the need of the qualified health care staff to take care of these patients.

2.1.3. To set up a team of trained professionals by the Department of Intensive Care Services (ICS) to look after these patients. This team is named as CHRONIC VENTILATION TEAM (CVT).

### **3. APPLICABILITY**

All Intensive Care Services (ICS) Healthcare Provider

### **4. RESPONSIBILITIES**

It is the responsibility of the Director of ICS to implement and monitor this policy.

### **5. POLICY**

5.1. CVT will provide coverage in the day shift of the weekdays. The Rapid Response Team (RRT) will cover the night shift and weekends.

5.2. All tracheostomized vented and hemodynamically stable patients belonging to Priority 3 & 4 of General Intensive Care Unit (GICU) 1 & 2 Admission and Discharge (Policy No: 1-2-9451-01-012) will be under CVU, except end of life care patients.



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- 5.3. CVT will manage the ventilator and weaning aspect of it. The Main Responsible Physician (MRP) will take care of the patient's daily requirements.
- 5.4. Any patient who gets sick in the service. E.g. shock requiring vasopressors & met the RRT admission criteria will be referred to RRT.
- 5.5. Do Not Resuscitate (DNR) patient should not be referred back to RRT.
- 5.6. **DNR patients who are weaned from the ventilators for 5 days are considered weaned and should not be connected back to the ventilator after this period.**

## **6. DEFINITION OF TERMS**

- 6.1. Chronic Ventilation Team (**CVT**) - is a multi-disciplinary team consisting of Consultant Intensivist, ICS Physician, ICS Nurse, and Respiratory Therapist. It is under the Department of Intensive Care Services. Its coverage area is the entire hospital outside the department of ICS.
- 6.2. Rapid Response Team (**RRT**) - is a multi-disciplinary team of specially trained ICU Physicians, Nurses, and Respiratory Therapists, supporting hospital personnel outside the Intensive Care Services and can be called any time to provide critical care expertise for patient who meets any of the activation criteria.
- 6.3. Do Not Resuscitate (**DNR**) – means that all procedures are not initiated; i.e. in the event of Cardio-pulmonary arrest do not call the CPR Team, or initiate chest compression, defibrillation, cardio version, intubation, ventilation, or administer advanced cardiac life support medication. Other supportive measures to maintain the patient's comfort that have been administered before the cardiopulmonary arrest should be given and maintained.

## **7. PROCEDURES**

- 7.1. Acceptance Criteria.
  - 7.1.1. Hemodynamic stability with MAP > 65 mmHg and/or SBP > 90 mmHg without vasopressors.
  - 7.1.2. Without infection causing sepsis.
  - 7.1.3. Normal acid base status with pH > 7.25



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- 7.1.4. Tracheostomized vented patients (> 21 days on ventilator) belonging to Priority 3 and 4 of GICU 1&2 admission and discharge policy.
- 7.2. Only patients fulfilling the acceptance criteria either from ICS or referred from RRT will be under CVT after the acceptance of CVT Physician.
- 7.3. CVT will do rounds and assess these patients daily in the weekdays and develop the plan regarding the ventilation and weaning if possible.
- 7.4. They will communicate this plan with the MRP at the beginning & end of the week.
- 7.5. RRT (Code Green) can be activated for the patients under CVT as per the RRT activation criteria (Refer to Rapid Response Team Policy No: 1-1-8062-03-071).
- 7.6. CVT will manage the ventilator and weaning from the ventilator.
- 7.7. CVT Physician will give recommendation to MRP regarding fluid balance, electrolytes, feedings and antibiotics.
- 7.8. MRP will be responsible for the daily management of the patient.
- 7.9. DNR patients who are weaned from the ventilators for 5 days are considered weaned and should not be connected back to the ventilator after this period.
- 7.10. CVT will suggest about the code status of the patient to the MRP.
- 7.11. The CVT Physician will endorse patients who need attention during the night shift and weekend to RRT.
- 7.12. Patients who are successfully weaned from the ventilator will be transferred back to the MRP.

### 7.13. Sign Off Criteria.

- 7.13.1. When the patient's physiological status has stabilized and the need for CVT monitoring and care is no longer required. The parameters are:
  - 7.13.1.1. Heart Rate more than 50 and less than 120 beats per minute
  - 7.13.1.2. Systolic Blood Pressure more than 90 and less than 160 mmHg.
  - 7.13.1.3. Oxygen Saturation (SpO<sub>2</sub>) more than 90%.
  - 7.13.1.4. Oxygen requirement less than or equal to 40%.
  - 7.13.1.5. Off Ventilator for 3 days.



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7.13.2. These are parameters for guidelines, which does not replace the clinical judgment of the Physician.

## 8. REFERENCES

- 8.1. Joint Commission International (2020).Joint Commission International Accreditation Standards for Hospitals (7th Ed). Access to Continuity of Care (ACC). Joint Commission Resources, Ork Brook,Illinois 60523
- 8.2. Nazir I Lone, Timothy M Walsh. Prolonged mechanical ventilation in critically ill patients: epidemiology, outcomes and modelling the potential cost consequences of establishing a regional weaning unit. Critical Care2011, 15. R102.

## 9. APPENDICES

Tips Protocol for Weaning



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### 10. CONTRIBUTING DEPARTMENT/S

- 10.1. Department of Intensive Care Services.
- 10.2. Department of Nursing.

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