



# All Wales pathway for weaning COVID-19 patients with tracheostomies

This is a dynamic guideline: as COVID-19 management strategies change there will be updates through the QR readers

## Clinical Pathway



All Wales pathway for weaning COVID-19 patients with tracheostomies

ICU

### STEP 1: ASSESSMENT

Resolution of MOF

### STEP 2: WEANING

STAGE 1

Tracheostomy  
to wean from  
mechanical  
ventilation

STAGE 2

TRANSFER

STAGE 3

Pressure or volume  
ventilator support

STAGE 4

CPAP

STAGE 5

Tracheostomy  
mask

### STEP 3: DE-CANNULATION

Was it successful?

YES

Discharge

NO

Further discussion

#### STEP 2 INFORMATION: WEANING

##### Assessing suitability to wean

##### Caution in:

- Neuromuscular disease
- Those with life-limiting co-morbidity
- Pre-existing or significant concerns over sleep-disordered breathing
- Need for specialist input (eg Neurosurgery)

#### STEP 3 INFORMATION: DE-CANNULATION

##### De-cannulation

- Must be through MDT discussion with Tracheostomy team
- Must be performed in normal working hours

##### Discharge

##### Follow up may include:

- Community care for wound assessment
- Outpatient follow-up for complications of tracheostomy insertion as well as COVID-19

##### Further discussion

Likely to require a patient-centred MDT discussion about on-going management

#### STEP 2 INFORMATION: WEANING

##### Transfer

##### Criteria for transfer:

- Single organ respiratory failure
  - PEEP  $\leq$  8 cmh O
  - $FiO_2 \leq 40\%$
  - pH  $\geq 7.30$
  - Able to breathe spontaneously via ventilator
- Tracheostomy in situ
- Awake and alert
- Decision on re-escalation/ceiling of care made
- Absence of:
  - Ongoing need for RRT
  - Vasopressor use for  $>2/7$
  - Active delirium or on-going sedative infusions
  - Infective process requiring a cubicle
  - Significant cardiovascular disease

##### Pressure or volume ventilator support, CPAP and Tracheostomy mask

A patient's flow through the weaning phases may not be linear and may oscillate between steps.

This is not a mandated approach, and local expertise may choose a more successful strategy. This may also include transitions to end-of-life care in the event deterioration

COVID-19 WARD RESPIRATORY HIGH CARE AREA