Y Grŵp Gweithredu ar Iechyd Anadlol
Respiratory Health Implementation Group

GIG CYMRU NHS WALES

More information here
icst.info/pathway-for-weaning-covid-19-patients-with-tracheostomies

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

COVID-19 WARD RESPIRATORY HIGH CARE AREA

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 ≤ 8 cmh_2O
  - $Fi0_2$ ≤40%
  - pH ≥ 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

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