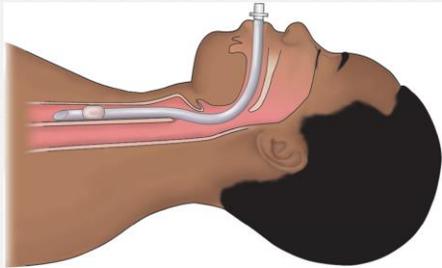


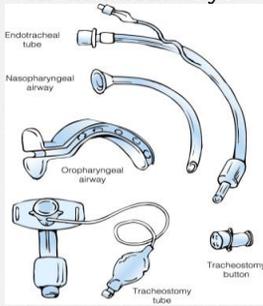
Care of a Patient on a Ventilator

R.Thomas

Endotracheal Tube



Artificial Airways



Tracheotomy

- ❖ Surgical procedure in which an opening is made into the trachea
- ❖ The indwelling tube inserted into the trachea is called a tracheostomy tube (stoma may be temporary or permanent) (Fig. 19-6)
- ❖ Preventing complications associated with endotracheal and tracheostomy tubes, refer to Chart 19-13

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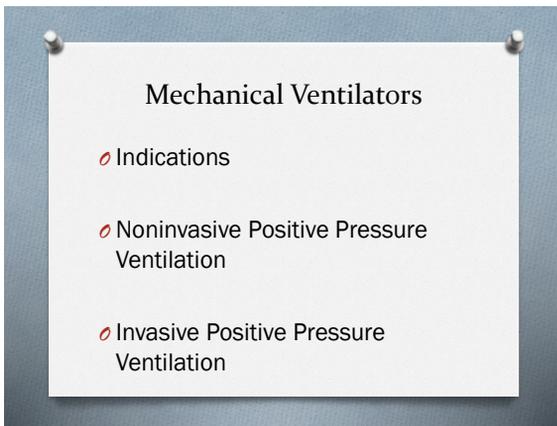
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Nursing Management of Tracheostomy

- ❖ Continuous monitoring and assessment
- ❖ Maintain patency by proper suctioning
- ❖ Semi-Fowler
- ❖ Administer analgesia and sedatives
- ❖ Provide an effective means of communication
- ❖ Suctioning guidelines
- ❖ Educate patient and family about daily care and how to prevent an emergency

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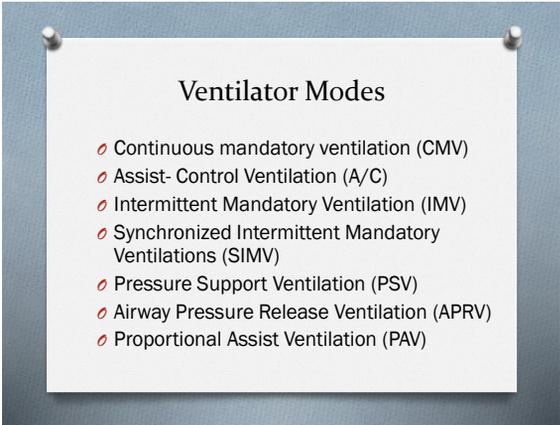


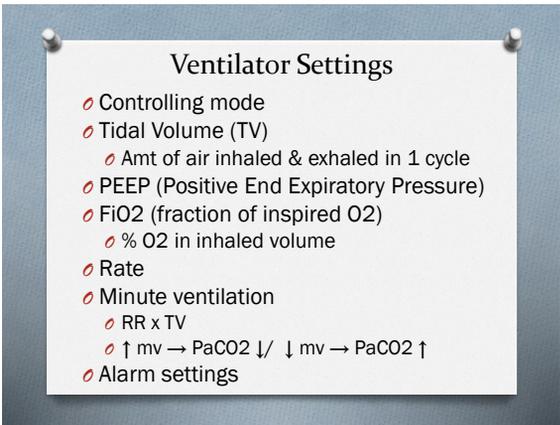
Noninvasive Positive-Pressure Ventilation

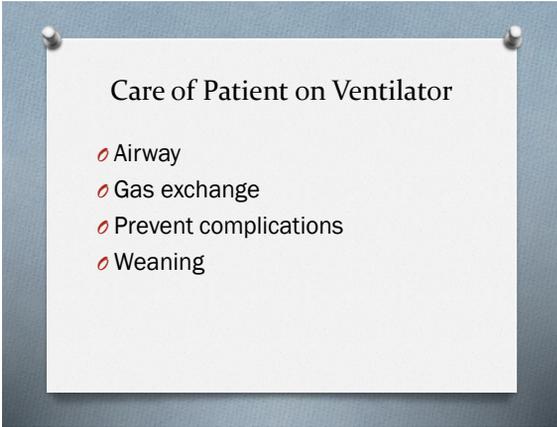
- ❖ Method of positive-pressure ventilation that can be given via facemasks that cover the nose and mouth, nasal masks, or other oral or nasal devices such as the nasal pillow
- ❖ Eliminates need for endotracheal intubation or tracheostomy
- ❖ Continuous positive airway pressure (CPAP)
- ❖ Bilevel positive airway pressure (BiPAP)
- ❖ Indications: respiratory arrest, serious dysrhythmias, cognitive impairment, head/facial trauma

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Problems/Complications of the Patient Receiving Mechanical Ventilation

- ❖ Ventilator problems
- ❖ Alterations in cardiac function
- ❖ Barotrauma and pneumothorax
- ❖ Pulmonary infection and sepsis
- ❖ Delirium and postintensive care syndrome

Planning and Goals for the Patient Receiving Mechanical Ventilation

- ❖ Goals include:
 - Maintenance of patent airway
 - Optimal gas exchange
 - Absence of trauma or infection
 - Attainment of optimal mobility
 - Adjustment to nonverbal methods of communication
 - Successful coping measures

Nursing Interventions for the Patient Receiving Mechanical Ventilation

- ❖ Enhancing gas exchange
- ❖ Promoting effective airway clearance
- ❖ Preventing injury and infection
- ❖ Promoting optimal level of mobility
- ❖ Promoting optimal communication
- ❖ Promoting coping ability

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Nursing Intervention: Enhancing Gas Exchange

- ❖ Judicious use of analgesics to relieve pain without suppressing respiratory drive
- ❖ Frequent repositioning to diminish the pulmonary effects of immobility
- ❖ Monitor for adequate fluid balance:
 - Assess peripheral edema
 - I&O and daily weights
- ❖ Administer medications to control primary disease

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Nursing Intervention: Promoting Effective Airway Clearance

- ❖ Assess lung sounds at least every 2 to 4 hours
- ❖ Measures to clear airway: suctioning, CPT, position changes, promote increased mobility
- ❖ Humidification of airway
- ❖ Administer medications
 - Bronchodilators
 - Mucolytics
- ❖ Suctioning only if excessive secretions

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Nursing Intervention: Preventing Injury and Infection

- ❖ Infection control measures
- ❖ Tube care
- ❖ Cuff management
- ❖ Oral care
- ❖ Elevation of HOB

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Other Interventions for the Patient Receiving Mechanical Ventilation

- ❖ ROM and immobility
- ❖ Communication methods
- ❖ Stress reduction techniques
- ❖ Interventions to promote coping
- ❖ Include in care: family teaching, and the emotional and coping support of the family
- ❖ Nutrition
- ❖ Home and transitional care, refer to Charts 19-17 and 19-18

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Weaning #1

- ❖ Process of withdrawal of dependence upon the ventilator
- ❖ Three stages:
 - Patient is gradually removed from the ventilator
 - Then from either the endotracheal or tracheostomy tube
 - And finally from oxygen
- ❖ Successful weaning is a collaborative process

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