Quick Look Procedure Resource for NON-CRITICAL CARE staff

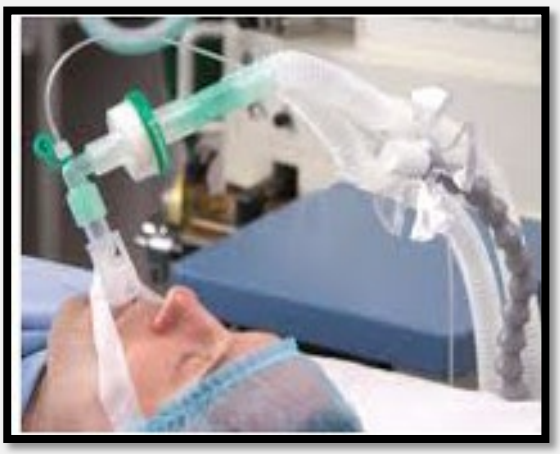
Safe management of an invasively ventilated patient

WHEN TO PERFORM

1. Safety checks – beginning of shift & ongoing
2. Patient assessment & monitoring –beginning of shift & ongoing

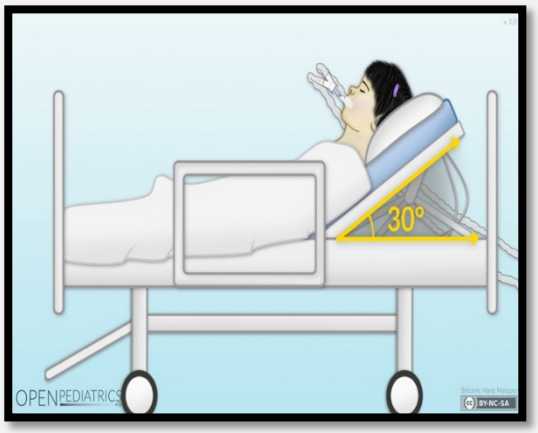
HOW TO PERFORM

1. Safety checks



- Ensure a manual resuscitation bag and mask & functioning suction available
- Check/record ETT insertion depth (so you can quickly recognize if its moved)
- Check no audible leak, gurgling or vocalization around ETT
- Check all ventilator circuit connections (including connection to ETT) are secure
- Ensure SpO2 probe attached/SpO2 displayed on monitor

2. Patient assessment & monitoring



- Airway secretions listen, feel, look (in ETT) for secretion presence, ventilator alarming is often due to secretions
- Secretions cause oxygen levels to drop & require suctioning
- Positioning ensure HoB always at 30 degrees (unless patient proned)
- Ensure position changed every 2-4 hours (12-16 hours if proned)

Sedation & pain check sedation level every 2-4 hours, more frequently for bolus
Ventilator alarming can indicate sedation lightening – give sedation to tolerate ventilation/ prevent agitation
Ventilated patients experience pain (though can't verbalise) & many sedatives have no analgesic properties - remember to consider analgesia
Oral care – remove oral secretions & moisten mouth & lips every 4 hours; toothbrushing 1-2 X daily

KEY SAFETY CONCERNS/WHEN TO CALL FOR HELP

1. Ventilator disconnection: Reattach circuit to patient immediately
2. SpO2 <90%: ensure accurate reading CALL for HELP if sustained >1-2 mins
3. Ventilator alarming – DO NOT ignore/silence – CALL for immediate HELP if patient also desaturating; CALL for review if patient stable
4. Sedation wears off & patient is dangerously agitated – CALL for immediate HELP to prevent ETT removal