THE UNIVERSITY OF TOLEDO MEDICAL CENTER

CABG Fast Track Weaning Protocol

All CABG patients are considered "Fast Track", unless otherwise noted.

Initial ventilator settings

- SIMV rate 10
- Tidal Volume= 5-10cc/kg IBW
- FiO2= to be determined by anesthesiologist on admission to ICU (if stable in OR start with FiO2 50%)
- PEEP= 8cm H2O
- PSV= 5cm H2O

An ABG will be obtained 20 minutes after initiation of mechanical ventilation

If the ABG is within normal limits, defined as

- PaO2> 100mmHg
- PaCO2 35-45mmHg
- pH 7.35-7.45

Wean the FiO2 in increments of 20% q 15-20 minutes until the FiO2 reaches 40% keeping the SpO2> 92%

Within 1 hour of arrival in the ICU, if the patient is hemodynamically stable and there is <150cc of blood from the chest and mediastinal tubes, the RN will begin to wean and discontinue the Precedex or other sedation. Aim for extubation within 1-2 hours from landing time.

In stable patients, and if okay with surgeon, turn off sedation within 30 to 60 minutes (from landing time) and go directly to CPAP and FiO2 40%.

When the patient has emerged from his/her sedation, as evidence by an ability to respond to verbal commands, i.e. squeeze hands, lift head off of pillow, or perform any other respiratory mechanics, the SIMV rate will be turned down to 4 bpm. The respiratory therapist will monitor the patient's respiratory rate and minute volume, as further evidence of recovery from sedation. If these parameters are unsatisfactory the patient will be returned to full ventilation, rate 10 bpm. Another weaning attempt will be performed in another 20-30 minutes, and repeated as necessary.

When the patient is able to sustain appropriate ventilatory parameters, RR <30 bpm, SpO2>92%, on an SIMV of 4 for 20 to 30 minutes, adjust the ventilator settings to CPAP.

Check an ABG after 20 minutes on CPAP.

Extubate if PaCO2 <45mmHg and PaO2 >70mmHg

Post extubation, administer O2 to maintain SpO2 >92%.

An ABG should be obtained if there are any changes in the patient's hemodynamic or mental status.

Any and all concerns or complications during this weaning period will be communicated promptly to the resident on call, or the attending surgeon.

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