Tracheostomy Protocol

Protocol patient who either fail PWA or SBT for 3 successive days following 5 days [nonreintubated patients] or 3 days [reintubated patients] of ventilatory support meet criteria for tracheostomy. PWA preliminary weaning assessment, SBT spontaneous breathing trial. Freeman et al Crit Care Med 2008.

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**TRACHEOSTOMY PROTOCOL**

1. Pass
   - PWA
   - Pass
   - Exhale
2. Fail
   - PWA
   - Fail
   - Exhale
3. Decision to extubate
   - Pass
   - Exhale
4. Fail
   - PWA/Exhale
   - Fail
   - Exhale
5. Rapidly reversible condition preventing extubation
   - Yes
   - Notify admitting services
   - No
   - Meets potential tracheostomy criteria
6. Have attempted to correct rapidly reversible condition
   - Yes
   - Exhale
   - No
   - Exhale
7. If patient fails to exhale on subsequent day
   - Notify admitting services
   - Exhale

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1. Protocol exclusions:
   - Patients managed with comfort measures only.
   - Patients not expected to survive to ICU discharge.
   - Patients requiring ventilatory support as an intermediate step for definitive procedure (e.g., take back laryngectomy).
   - Patients with unequivocal need for tracheostomy (e.g., severe closed head injury, significant maxillofacial trauma, etc.).
2. PWA and SBT are performed per protocol.
3. Patients following single reintubation: fail PWA/Exhale on 2 consecutive days following 3 days of ventilatory support.
4. Any condition that might compromise intubation from mechanical ventilation but that can be corrected within 24 hours.
5. After failing PWA/Exhale for 2 consecutive days following 5 days of ventilatory support for non-reintubated patients or 2 consecutive days following 3 days of ventilatory support for reintubated patients.
6. Criteria based on analysis of practice in 8400 ICU.
7. Patients following ≥2 reintubations meet potential tracheostomy criteria.
8. In addition to tracheostomy consults service.
9. Cough/ing, coughing, FiO₂<0.50, PEEP<7.5 cm H₂O, acceptable cardiac risk, stable vasoconstrictor requirement.
10. Percutaneous tracheostomy contraindications: difficult translaryngeal airway, unstable C-spine, ambiguous surface anatomy, inability to optimally position patient.

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1. Coordinate tracheostomy (percutaneous if not contraindicated) with operative procedure.
2. Surgical tracheostomy