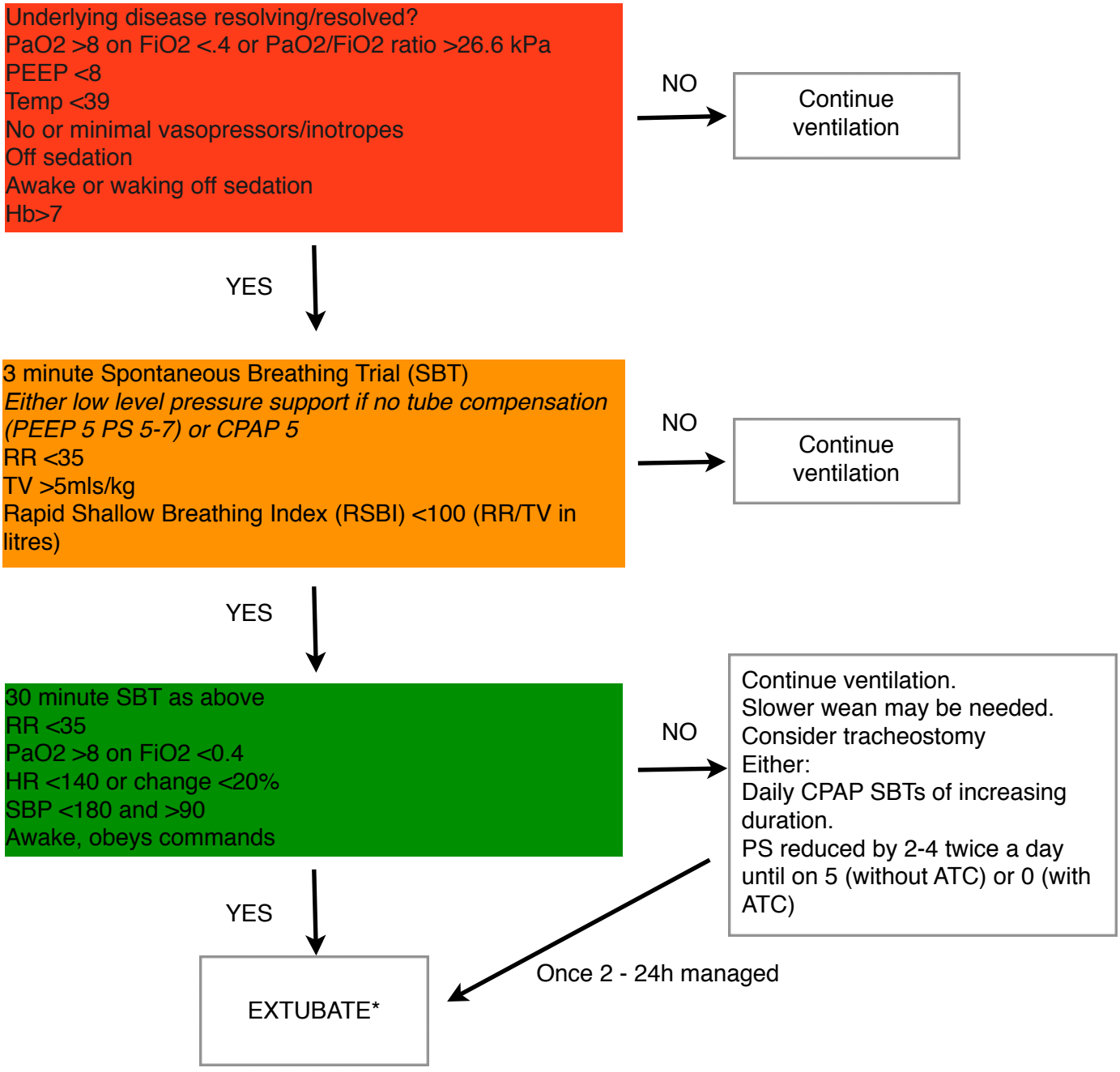
Weaning guideline

The ideal for all patients once starting to recover is that they are breathing spontaneously on the lowest pressure support possible. The single best way to assess if PS adequate is respiratory rate which should usually be <35bpm.
All patients should have a ventilation review at least daily to assess if extubation may be possible. This will usually be during a sedation hold. Follow the traffic light process below:



* *If morbid obesity or COPD then extubate straight onto NIV (BIPAP or CPAP)*

COPD patients can be extubated onto BIPAP before they meet the extubation criteria above (consultant or senior trainee decision only).
Those who fail extubation: Patients who are reintubated have worse outcomes. NIV may have a role in preventing reintubation (especially if post extubation glottic oedema, COPD or pulmonary oedema) but evidence shows that outcome is worse if reintubation is delayed by NIV. If you try NIV you must reintubate if no significant improvement 1h after commencement.