



Procedure # & Title: LR.05.014.01 Withdrawal of Ventilatory Support
Policy # & Title: LR.05.014 Withholding or Withdrawal of Life Support
Effective Date: 11/16/2012

Purpose:

To provide a uniform set of guidelines for withdrawal of support from mechanical ventilation. This procedure applies only in cases where the patient’s family and physician have agreed that continued life support via mechanical ventilation is futile and is no longer part of the desired plan of care. Withdrawal of ventilatory support will be accomplished by either of the two following methods:

- I. **Gradual Reduction of Support (“Terminal” Wean)** Will be utilized in cases where the patient may have some level of respiratory effort and/or when family/caregiver concern exists about the degree of comfort for the patient. This is the preferred method of withdrawing support in most cases.

- II. **Complete Withdrawal of Support** - Will be utilized in cases when the patient’s family/caregiver and physician are in agreement to withdraw ventilatory support.

Procedure:

Withdrawal of support **will not** be initiated until neuromuscular blocking agents have been discontinued and there is clinical evidence of return of neuromuscular function. Appropriate sedation/analgesia time is to be maintained to minimize patient discomfort. Chart documentation will clearly state the patient/family/caregiver desire to discontinue life support (“DNR”, Advance Directives, etc...). A physician’s order to discontinue life support must be in the patient’s medical record. Methods to be followed for withdrawal of support are as follows:

- 1. **“Terminal” Wean:**
 - a) Discontinue use of monitoring devices and/or silence alarm parameters on ventilator and cardiac monitor.
 - b) Ensure that patient has not indicated a desire for organ donation.
 - c) Convert patient from current mode of ventilation to Synchronized Intermittent Mandatory Ventilation (SIMV). It is essential that initial SIMV setting(s) are equal to the minute Volume already established for the patient in the previous mode.
 - d) Use any combination of settings (Rate/Tidal Volume) to decrease the Minute volume in increments of two (2) Liters per minute every 15-30 minutes. Continue this process until an endpoint of four (4) Liters per minute is reached. Some patients will tolerate decreases in rate alone, while others may require changes in both Rate and Tidal Volume. The

intent of the gradual reduction is to allow arterial Carbon Dioxide (CO₂) levels to rise slowly, preventing a neural breathing response to suddenly increased CO₂ levels. Document all changes to ventilation on the Mechanical Ventilation Flow Sheet.

- e) When the four (4) liter per minute endpoint is reached, place ventilator in continuous positive airway pressure (CPAP).
 - f) Extubate patient to Nasal Cannula or Oxygen mask.
 - g) Ensure patient comfort with the use of sedation, analgesia & O₂ as needed.
2. **Complete Withdrawal of Support:**
- a) Ensure that competent medical authority has declared the patient brain dead, and that further efforts at life support are futile.
 - b) Ensure that patient has not indicated a desire for organ donation.
 - c) Discontinue use of monitoring devices and/or silence all alarm parameters on ventilator and cardiac monitor.

Additional Considerations:

1. The physician will be present and/or available as necessary to assess the patient's status, declare time of death, titrate medications, and provide support to the patient's family/caregiver, and Thompson Health staff.
2. If any member of the treatment team is uncomfortable with the decision to withdraw support, he/she will state their concern(s) prior to implementation of the treatment plan. Staff rights shall be adhered to per policy LR.05.014, Withholding or Withdrawing Life Support. Additional information may be found in the Associate Handbook, section 2.06, associate rights.

Supporting Instructions:

LR.05.014.01.01 Withdrawal of Ventilatory Support/Life Support Definitions
LR.05.014.01.02 Withdrawal of Ventilatory Support/Life Support Guideline

References:

Committee Review: N/A
Joint Commission: N/A
NYSDOH: N/A
Other References: N/A
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Author: Baum, David (Senior VP of Medical Services/Emergency Physician)
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