College of Respiratory Therapists of Ontario

Preparation for ICU Discharge

Decrease Invasive Monitoring

Lines

- ✓ Remove arterial line
- ✓ Remove Nasogastric tube (NG tube), and other invasive lines/tubes
- ✓ If patient cannot have oral intake, switch NG tube to Gastrostomy tube (G-tube) or a Jejunostomy tube (J-tube)
- ✓ Cap Peripherally Inserted Central Catheter (PICC) lines if possible

Blood Work

- ✓ Reduce blood work frequency

Ventilation and Oxygenation

- ✓ Reduce to lowest FiO_2 to maintain SpO_2 88-92%, and lowest PEEP (if at all required)
- ✓ Avoid using continuous pulse oximetry once Arterial Blood Gases (ABG) and oximetry have determined oxygen requirements. Use for periodic assessments of SpO_2
- ✓ If available, switch the patient from a critical care ventilator to one that would be used in the home/community setting

Treatment Plan

Ventilation & Weaning

- ✓ If weaning is an option, consult/refer to Toronto East General Weaning Centre of Excellence
- ✓ Have ICU staff and allied healthcare professionals refrain from using the word “weaning” Instead, encourage staff to use the phrase “ventilator free time”
- ✓ Encourage the patient to increase their ‘ventilator free time’, even if it is in small increments. In the event of an accidental disconnect from the ventilator at home, the longer the ventilator free time, the safer. This also reduces caregiver anxiety
- ✓ For mechanical ventilation, use the simplest settings. Use assist control mode whenever possible since it is the most widely used ‘invasive’ mode. Most home ventilators do not have a pressure support option. However, one can petition the Ministry of Health for a ventilator with pressure support, if this is the only approach to ventilate

Tracheostomy Tube

Select a tracheotomy tube that is most appropriate for the patient’s comfort and goals. The most desirable features for the new tracheostomy tube are:

- ✓ Cuffless or ‘Tight to Shaft’ Cuff: This decreases secretions caused from irritation of the cuff, increases potential for speech and increases sense of smell and taste
- ✓ Nonfenestrated Limitations: Tends to cause granulomatous tissue in the airway
- ✓ Reusable Inner Cannula: To decrease the frequency of suctioning, teach the patient to cough to the inner cannula and keep it clear
- ✓ Other tracheostomy tube models or characteristics are fully acceptable, if the above choices are not suitable
- ✓ Changing the tracheostomy tube to one of these desirable tubes is not a necessity before transferring out of the ICU, but will ease the transition
- ✓ If the caregivers in the community or the long-term care facility do not have access to or experience with alternative tracheostomy tubes, it would be best for the patient to wait before transitioning home
- ✓ If a specialty tracheostomy tube is selected, ensure that the caregivers or the long-term care facility knows how to reorder the speciality tubes
- ✓ Assess the patient for the ability to communicate/speak while ventilated
  - cuff deflation
  - cuffless tube
  - speaking valve/one way valve usage

- ✓ Ensure that the patient is well rested and there are no nutritional deficiencies
- ✓ Consider a swallowing study by a Speech-Language Pathologist, if not already completed

Increase Independence

- ✓ Discuss differences between ICU care and care in the home/community or long-term care facility e.g.:
  - Expectation that patient will dress daily
  - Radically reduced "patient/staff" ratio
  - Increased independence
- ✓ Educate and train patient/family/caregivers on manual resuscitation bagging and suctioning techniques (these will be reinforced in the community)
- ✓ Move the patient to an area of the ICU with less activity, if possible
- ✓ Step down nursing complement. Consider the patient to nurse ratio
- ✓ Encourage use of a call bell, if able
- ✓ Dress the patient in his/her own clothes
- ✓ Encourage the patient to move to an upright chair as often as possible
- ✓ Have Occupational Therapy (OT) assess and begin process for obtaining equipment necessary for mobility and increased independence
- ✓ Consider taking the patient out of ICU for short periods of time, i.e. with staff and/or family
- ✓ Establish a routine bowel/bladder plan of care – regular day/night routine
- ✓ If going to a long-term care facility have someone from the receiving facility speak with family/caregivers about the program and take a tour of the facility

Other

- ✓ Co-payment charges should be discussed with the family
- ✓ Possible equipment and service charges such as TV, telephone, chiropody, hairdressing

Notes