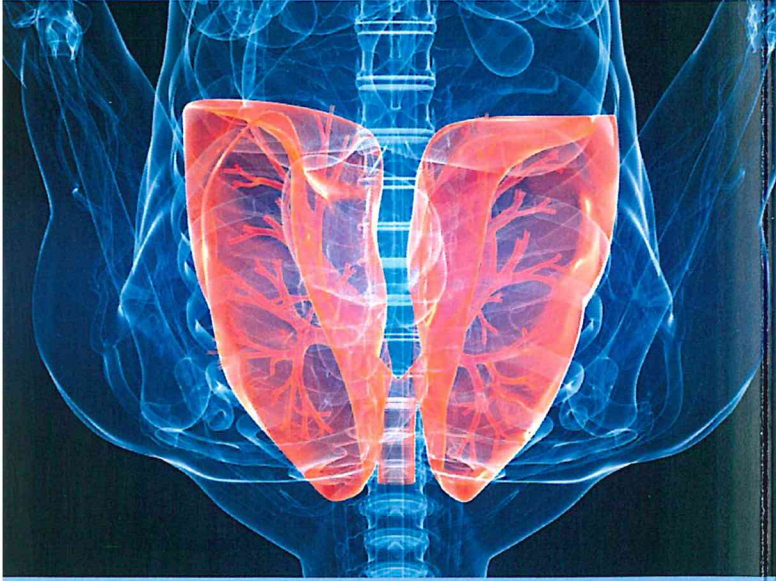


Mechanical Ventilation

Ventilator Q&A



 **MUNSON MEDICAL CENTER**
MUNSON HEALTHCARE

 **MUNSON MEDICAL CENTER**

MUNSON HEALTHCARE

1 105 Sixth St.

Traverse City, MI 49684

(231) 935-5000

munsonhealthcare.org

1 1305 03/15

Can a breathing tube be removed?

A breathing tube may be removed if the patient's vital signs and criteria for removal have been met. This process is called **extubation**. Several tests are performed to determine if a patient is ready to breathe on their own.

If a patient is not ready to breathe on their own, further tests are performed to determine a plan of care. The new plan may involve placing a tracheostomy tube or a tracheal tube to allow for a natural death.

What is a patient decision?

A patient decision is made by the patient or their family, in consultation with the healthcare team, regarding the patient's care. Having the discussion about the patient's care is important. Doing so will help ensure that the patient's wishes are honored.

It is important to understand that the patient's family may have a different perspective on the patient's care. It may be difficult to make a decision. The Ethics Consultation Service can provide an open and respectful atmosphere for weighing the benefits and burdens of different options. An ethics consultant is available to help the patient's nurse or call the patient's nurse to help. The patient's nurse or call the patient's nurse to help.

What is an ethics consultation?

An ethics consultation is a service provided by a physician, nurse, or respiratory therapist to help you and your loved one make a decision about your care.



What is a breathing machine?

A breathing machine, also called a mechanical ventilator, is used for two purposes:

- To assist a patient who is having difficulty breathing
- To attempt to restore breathing after a patient has stopped breathing

How does it work?

A narrow, flexible tube is placed in the mouth and gently inserted down the airway. This process is called **intubation** and the tube is called an endotracheal tube. The tube is hooked to a ventilator, which breathes for the patient or assists in their breathing. The tube is held in place by tape across the face and around the head. The patient is not able to talk, eat, or drink and the patient's wrists may be restrained to prevent him or her from removing the tube. A ventilated patient requires medical assistance from trained caregivers on a constant basis.

When is a breathing machine used?

- If a patient can no longer breathe well enough on his or her own because of a disease, either short-term or long-term
- As a temporary treatment during or after surgery
- To allow the lungs to rest while an illness is being treated
- During and after cardiopulmonary resuscitation (CPR)

What should be considered before a breathing tube is placed?

Mechanical ventilators will not return the ability to breathe to a patient who can no longer breathe on his or her own. It does not cure a disease or condition. It is used only to allow the lungs to rest and heal, or for life support.

What are the risks of using a breathing machine?

Some risks of mechanical ventilation include pneumonia, collapsed lung, and lung damage.

A ventilator can cause discomfort in the throat and also can cause fear and sleep problems. Medication may be needed to treat discomfort and may cause the patient to be in a deep sleep for hours or days.

Patients on mechanical ventilation are not able to talk using their voices, but must communicate by writing, symbols, or hand gestures. They may get frustrated if they are not understood. Patients who suffer from chronic lung conditions, such as COPD or lung cancers, may be at a higher risk of being unable to breathe without the ventilator.

Words to Know

Intubation – insertion of a breathing tube
 Extubation – removal of a breathing tube

Are there other options?

Yes. A non-invasive ventilation machine (BiPAP or BIPAP) pushes oxygen in through a tight-fitting mask over the lungs through a tight-fitting mask over the entire face. If a patient has the ability to or her own and does not want to be on a non-invasive ventilation is an option.

Are there risks?

Non-invasive ventilation may cause some discomfort into the belly may cause difficulty breathing or increase the face or nose from the tight fitting mask resulting in the inability to tolerate the mask. It may be hard to talk when using this machine.

When will a breathing machine or non-ventilation work best?

- The patient's lung problems can be reversed either device for a short time to get better or a sudden illness

When won't a breathing machine or non-ventilation work well?

- The patient has an illness that can no longer be reversed
- Long-lasting health problems cause further complications