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Protocol Weaning of Mechanical Ventilation in Medical and Surgical Patients by RespiratoryCare Practitioners and Nurses: Effect on Weaning Time and Incidence of Ventilator-Associated Pneumonia

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Study objectives

(1) To determine the effect of a single ventilator management protocol (VMP) used in medical and surgical ICUs on the duration of mechanical ventilation. (2) To determine the effect of a VMP on the incidence of ventilator-associated pneumonia (VAP).

Design

Prospective, randomized, controlled study.

Setting

University medical center.

Patients

Three hundred eighty-five patients receiving mechanical ventilation between June 1997 and May 1998.

Interventions

A respiratory care practitioner^{â€} and registered nurse^{â€} driven VMP.

Results

Intervention and control groups were comparable with respect to age, sex, severity of illness and injury, and duration of respiratory failure at the time of randomization. The duration of mechanical ventilation for patients was decreased from a median of 124 h for the control group to 68 h in the VMP group ($p = 0.0001$). Thirty-one total instances of VAP were noted. Twelve patients in the surgical control group had VAP, compared with 5 in the surgical VMP group ($p = 0.061$). The impact of the VMP on VAP frequency was less for medical patients. Mortality and ventilator discontinuation failure rates were similar between control and VMP groups.

Conclusions

A VMP designed for multidisciplinary use was effective in reducing duration of mechanical ventilatory support without any adverse effects on patient outcome. The VMP was also associated with a decrease in incidence of VAP in trauma patients. These results, in conjunction with prior studies, suggest that VMPs are highly effective means of improving care, even in university ICUs.



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Key words

artificial respiration; clinical protocols; ICU; pneumonia; time factors; ventilator weaning

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