MOUNT CARMEL
POLICY/PROCEDURE

SUBJECT: PALLIATIVE VENTILATOR WITHDRAWAL

DEPARTMENT OVERSIGHT AND MAINTENANCE: Palliative Care Services

POLICY:
Palliative Ventilator Withdrawal (PVW) is the provision of comfort measures for a seriously ill patient for whom continuing mechanical ventilation has been determined to be clinically inappropriate or unwanted by patient.

RESPONSIBLE PERSONS:
Critical Care Units, Acute Palliative Care Units, Physicians, Advanced Practice Registered Nurse (APRN), Physician Assistant (PA), Palliative Medicine Consult Team, Pharmacy, Chaplaincy, Respiratory Services

PROCEDURE:
Initial Guided Discussion to Establish a Plan

1. Review the clinical picture.
2. Establish that goals/expectations of PVW are unified.
3. Review the plan with the attending physician or critical care physician, other involved physicians, nurses and therapists.
4. Consult with system Ethics Committee as needed.

Follow-Up Discussion to Implement the Plan

1. Clarify the DNR status and the rationale for not re-intubating.
2. Identify treatments to be continued and those treatments to be discontinued.
3. Determine the patient/family decision maker's understanding of what will happen after extubation.
4. Review the palliative management of symptoms likely to occur during PVW
5. Determine when the PVW will occur and if the patient will remain in the ICU or be transferred to the APCU.
    - Allow a minimum of one hour after PVW before transferring to APCU
    - Provide seamless hand-off of care through communication and collaboration between transferring and receiving units
6. Determine who will be present during the PVW.
7. Discontinue medications that require ventilator support, including but not limited to, paralytic agents, Versed, propofol
8. After discontinuation of above medications, confer with pharmacy regarding the length of time needed prior to extubation, to ensure discontinued medications are no longer active.

Immediately Prior to PVW

1. Facilitate private time for patient and family
2. Offer the presence of a spiritual/religious professional

Implementation of Symptom Management Medication Orders

1. Physician, APRN, and/or PA is required to utilize Palliative Ventilator Withdraw (PVW) PowerPlan

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2. Physician, APRN, and/or PA must electronically enter Power-Plan orders. No PVW orders may be verbally entered by RN.

3. If there is a clinical indication for medication dosing outside of the Power-Plan, or a medication not in the Power-Plan, the physician, APRN and/or PA must obtain approval from the Critical Care Medical Director and document the medication dosing approved and by whom:
    - If Critical Care Medical Director unavailable, obtain approval from Palliative Physician if they are involved.
    - If palliative team is unavailable, or not involved, obtain approval from Vice President of Medical Affairs (VPMA).
    - If a clinical provider does not utilize the Palliative Ventilator Withdrawal Power Plan in patients who are being treated accordingly, nursing staff should first remind the provider of the requirements of the Palliative Ventilator Withdrawal Policy. If the provider continues to decline to use the Power Plan, the campus specific VPMA should be contacted immediately and notified of the situation
4. Physician, APRN, and/or PA or RN may not administer PVW Power-Plan medications until medications reviewed and verified by pharmacy.
5. Discontinue unnecessary monitors such as ventilator alarms, cardiac monitors, blood pressure monitors, and pulse oximetry.
6. Medications for symptom management will be ordered as medically indicated.

7. Ventilator will be discontinued and the endotracheal tube (ETT), if present, will be removed by the physician, APRN, and/or PA, respiratory therapist, or RN.

8. Patient's response to medications in managing dyspnea and anxiety will be reviewed.
9. Post Palliative Ventilator Withdrawal: When death occurs
    - Provide privacy and support for family.
    - Make referrals for bereavement support as appropriate.

Post Palliative Ventilator Withdrawal: If patient resumes respirations

1. Continue to monitor and provide comfort measures.
2. Identify appropriateness for transfer to APCU.

REFERENCE:

Chan, J.D. et.al. (2004). Narcotic and Benzodiazepine Use After Withdrawal of Life Support. Chest, 126(1), 286-293.

Huynh TN, Walling AM, Le TX, et al. Factors associated with palliative withdrawal of mechanical ventilation and time to death after withdrawal. Journal of Palliate Medicine 2013; 16:1368.

Robert R, Le Gouge A, Kentish-Barnes N, et al. Terminal weaning or immediate extubation for withdrawing mechanical ventilation in critically ill patients (the ARREVE observational

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REPLACES: P/P “

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