



MSTCVS Quality Collaborative Cardiac Surgery Post Op Ventilator Weaning Recommendations

All post-op cardiac surgery patients will be considered candidates for early wean and extubation except for patients with any of the following:

1. Advanced age
2. Prolonged operative time
3. Aggressive intra-operative blood transfusions required
4. Hemodynamic instability or arrhythmias
5. Post-operative bleeding concerns
6. Morbid obesity
7. Open chest

Intubated patients may continue on light dose of propofol for sedation supplemented by morphine sulfate or fentanyl for pain.

Ventilator weaning is to begin when the following criteria are met:

1. Patient is hemodynamically stable
2. There are no concerns for ongoing bleeding
3. Patient is warm
4. Evidence of clearance of neuromuscular blockers (spontaneous movement)

Gradually wean propofol when patient follows commands. Obtain spontaneous ventilator wean parameters.

Acceptable extubation parameters:

CPAP 5	VT >5cc/kg
RR <25	VC 10 cc/kg
NIF > -20	RSBI < 100
PaO ₂ >70% on ≤50% FIO ₂ and PEEP not > 5	