PMV Protocol for Cuffed Tracheostomy Tubes

Deflate cuff and assess patient response. Did pt tolerate?

- No: Re-inflate cuff and discontinue.
- Yes: Place PMV and assess patient response.

- No: Re-assess patient to determine barriers.
- Yes: PMV trials as tolerated with graduated length of times.
  
  Yes: Advance to tracheostomy capping trials per decannulation protocol.
  
  No: Re-assess patient to determine barriers.

Consult MD for possible downsizing of tracheostomy tube.

Stop Criteria (includes but is not limited to):
- Heart Rate: increases > 20 BPM from baseline
- Respiratory Rate: > 35
- SpO₂ < 88%
- F₉O₂ > 60%
- Evidence of trapped air behind PMV
- Patient report of increased respiratory effort
PMV Protocol for Cuffless Tracheostomy Tubes

Assess patient for PMV candidacy

- No
  - Remove PMV and assess for barriers.
  - Consult MD for possible downsizing of tracheostomy tube.

- Yes
  - PMV trials as tolerated with graduated length of times.
    - No
      - Re-assess patient to determine barriers.
      - Consult MD for possible downsizing of tracheostomy tube.
    - Yes
      - Advance to tracheostomy capping trials per decannulation protocol

**Stop Criteria (includes but is not limited to):**
- Heart Rate: increases > 20 BPM from baseline
- Respiratory Rate: > 35
- $S_pO_2$ < 88%
- $F_O_2$ > 60%
- Evidence of trapped air behind PMV
- Patient report of increased respiratory effort
PMV Protocol for Cuffed Tracheostomy Tubes for Patients on Ventilators

**Candidates for In-Line Placement (includes but is not limited to):**

- Awake and responsive.
- Stable medical condition.
- Does not have a foam cuff tracheostomy tube.
- PEEP < 10

Pt is assessed and determined to be an appropriate candidate for in-line placement of PMV.

- **Yes**
  - Place PMV. Deflate cuff. Does PIP drop approximately 50% from normal range? Yes
  - Can previous PIPs be reached by increasing tidal volume ($V_t$) in small increments? (50-100 mL increments up to a max of 200 mL)?
    - Yes
      - Adjust ventilator alarms. Continue PMV trials of graduating time interval with one-on-one supervision as pt tolerates.
    - No
      - Return to previous settings. Re-inflate cuff.
  - No
    - Remove PMV. Return to previous settings. Re-inflate cuff.

- **No**
  - Discontinue PMV evaluation.

**Stop Criteria (includes, but is not limited to):**

- Heart Rate: increases > 20 BPM from baseline
- Respiratory Rate: > 35
- $S_O_2$ < 88%
- $F_O_2$ > 60%
- Evidence of increased respiratory effort.
- PIP cannot be maintained at pre-cuff deflation level.
- Excessive anxiety from patient.
- Inefficient exhalation around tracheostomy tube.

Document vital signs and assessment results following each PMV trial.

Record ventilator settings, noting PIP. Zero out PEEP. Assess inspiratory trigger.

- **Yes**
  - Deflate cuff. Place PMV. Document vital signs and assessment results following each PMV trial.
  - No
    - Return to previous settings. Re-inflate cuff.