RECOMMENDATIONS FOR POST-OPERATIVE CARE AND EXTUBATION OF
CHILDREN AND ADULTS WITH NEUROMUSCULAR DISEASE
(version 12/1/2014)

BEFORE EXTUBATION:
For INTUBATED patients, q 4 hours airway clearance:
1. Cough Assist: 5 sets of 5 breaths;
   Inspiratory pressure: +30 or +35 or +40 for 1 - 2 seconds;
   Expiratory pressure: -30 or -35 or -40 for 1 - 2 seconds;
   Pause: 1 - 2 seconds
2. ETT succioning followed by bagging.
3. Vest Therapy or Chest PT or Percussor for _____ minutes (with albuterol if prescribed).
4. Cough Assist: 5 sets of 5 breaths as above
5. ETT succioning followed by bagging

* Cough Assist can be used every 10 minutes followed by ETT succioning and bagging *

CONSIDER EXTUBATION when the patient is:
   o Afebrile
   o NOT requiring supplemental O₂.
   o CXR is without atelectasis or infiltrates
   o Off all respiratory depressants
   o Minimal secretions.

AFTER EXTUBATION:
EXTUBATE to nasal ventilation and NO supplemental O₂.
(eg. BIPAP of (14-20)/(3-6) using spontaneous timed mode; backup rate = spontaneous rate)

After EXTUBATION, minimum of q 4 hours airway clearance:
1. Cough Assist may be needed as often as every 10 minutes.
2. Cough Assist: 5 sets of 5 breaths then succion then re-expand w/ inspiratory breath
3. Vest Therapy or Chest PT or Percussor for _____ minutes (with albuterol as prescribed)
4. Cough Assist: 5 sets of 5 breaths then succion then re-expand w/ inspiratory breath

Use Cough Assist if O₂ sats drops to < 95% acutely

Wean from nasal BIPAP or ventilation during the day as tolerated; GOAL: only with sleep.
Wean airway clearance regimen to 2-4 times a day.