

CRAIG CARE TIPS

RESPIRATORY THERAPY



Ventilator Dependent Patients

As part of Craig Hospital's effort to improve the lives of people with spinal cord and brain injuries worldwide, Craig Care Tips are useful recommendations and techniques for clinicians that our own experts use with their patients.

A world-renowned specialty neurorehabilitation and research hospital, Craig Hospital is home to state-of-the-art technology, the latest research and proven therapy techniques.

Each year, we see patients from all over the United States. Our goal is to not only provide the best patient care, but to also enhance the quality of life for people living with spinal cord and brain injuries through advocacy and education.

Your use of Craig Hospital's Craig Care Tips is at your sole risk. In no event shall Craig Hospital be liable for any direct, indirect, incidental, consequential, special, exemplary, punitive, or other damages arising out of or relating to your use of this information.

Respiratory Care at Craig

Craig Hospital's Respiratory Care Department has been working with ventilator dependent patients during rehabilitation for more than three decades. Our ventilator weaning program is extremely successful with an excellent reputation for comfortably weaning patients off mechanical ventilation while they are undergoing rehabilitation.

For those who will use ventilators for the rest of their lives, Craig Hospital has an extensive reintegration program for transitioning patients and families to a more independent life.

Ventilator dependent patients with quadriplegia face a physically and psychologically challenging life after injury. They will have to redefine the way they live. However, a person can live on a ventilator and lead a healthy and content life.



Things to Know

Hyper-Secretions: Frequent and deep suction will be required to ensure airway clearance. Devices such as CoughAssist® or in-exsufflator can help reduce secretions.

Cough: Cough will be weak or nonexistent.

Eating: Many patients will be able to eat while on a vent. With or without cuff deflations, speech and respiratory work together to ensure a safe and functional swallow.

Talking: Partial cuff deflations with small increases to Vt can be performed to provide a voice.

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Clearing Airways: It is highly recommended that you use bronchodilators and mucolytics to aid in airway clearance.

Humidity: HME use is generally not enough to overcome the humidity deficit. Use a heated wire circuit with humidifier on the ventilator to thin secretions and aid in removal.

Frequent Turns: Turn patients frequently to break up secretions, help with lung expansion, and protect skin.

Reverse Atelectasis: Tidal Volumes (Vt)>8 ml/kg may be required to reverse an atelectasis.

Weaning at Craig Hospital

At Craig Hospital, we employ a strength training-based, progressive ventilator-free wean strategy to help patients achieve independence. Our comprehensive program often includes the following supportive techniques to ensure a smooth and comfortable transition:

Mouthpiece Ventilation: Offers intermittent support and allows patients to breathe on their own while still having access to ventilatory assistance when needed.

Diaphragmatic/Phrenic Nerve Pacing: Stimulates the diaphragm muscles, enhancing their strength and function.

Glossopharyngeal Breathing: Teaches patients to use their tongue and throat muscles to draw in more air, increasing their breathing capacity.

This individualized approach to ventilator liberation is designed to provide our patients with the best possible outcomes, tailored to their unique needs and abilities.

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