

Care for Your Loved One After the Ventilator is Removed



Allina Health

Care for Your Loved One

The Intensive Care Unit (ICU) provides a special level of care to people who are ill or injured. In addition to constant care by doctors and nurses, patients are supported by monitors, pumps and other equipment.

Many patients in the ICU are supported by breathing machines, also called ventilators. A ventilator is a life-support treatment that breathes for the patient when he or she is too ill or injured to breathe on his or her own.

When a person is so ill there is little chance of cure or recovery, the goal of care may shift to a focus on comfort. As part of this focus, the decision may be made by the family, health care providers and perhaps the patient, to remove the ventilator.

This decision is made knowing that the patient will most likely die and it is felt or known by the family that the patient would not want to be kept alive by life-support machines.

The following information will help you understand the process of removing the ventilator, what will happen, and how the health care providers will keep your loved one comfortable throughout the process.

Decisions to Make

- Family members and the health care providers will select a date and time to stop the ventilator.
 - You may want to wait once a decision is made to stop the ventilator in order for other family or friends to arrive to say goodbyes, but the delay should not be for more than a day or two.
- Family members may decide if they want to be at the bedside before, during and after the ventilator is removed.
- Family members may make arrangements with clergy for rites, prayers or other cultural or spiritual practices.

Removal of the Ventilator

- Health care providers will remove or stop unneeded intravenous (IV) lines, tubes, monitors and medicines that don't support the goal of comfort.
- Your loved one will not need any other blood tests or X-rays.
- A health care provider will give your loved one pain medicine (usually morphine) and anti-anxiety medicine (usually Ativan®) to prevent any feelings of pain and anxiety while the breathing tube is removed.
 - Medicines are given in amounts that will manage symptoms, and relieve suffering. They are not intended to speed up the dying process.

- A nurse, respiratory therapist or doctor will remove the breathing tube. The procedure is quick and painless.
 - If your loved one has secretions in the mouth or throat after the tube is removed, the nurse will suction to help clear the secretions.
 - The nurse may give your loved one medicine to help dry up secretions.
- If your loved one was on the ventilator for more than a few weeks, he or she likely has a tracheostomy. This is a more permanent breathing tube that is surgically placed in an opening in the throat. The tube is left in place when the ventilator is removed.

What to Expect After the Ventilator is Removed

Depending on your loved one's illness or injury, it can be difficult to predict how long he or she will breathe on his or her own.

Some patients die within minutes, while others breathe on their own for several minutes to several hours.

Some patients will live for many days. This can cause distress for families if they expected death to come quickly.

The priority of the health care providers is to keep your loved one comfortable and not suffering.

- Your loved one may be awake and alert (to some degree), unconscious or in a coma. The need to manage pain, labored breathing and anxiety will be balanced with helping your loved one to be awake enough to be able to communicate with you, if possible.
- Even if your loved one cannot communicate or is in a coma, assume that he or she can hear you. You may speak, read, pray or play music. Chaplains are available for support.

- You can provide comfort by massaging your loved one's hands or feet. The nurse can lower the bed siderails or remove other barriers so you can be close to your loved one.
- You know your loved one best. If you notice any signs of discomfort, tell the nurse. In addition to medicine, comfort may be given by massage, moving your loved one into a new position, or putting cool cloths on his or her forehead.
- The nurse will turn off monitors and alarms.
 - If your loved one has been in the Intensive Care Unit for a while, you may be used to the monitors. You may feel unsettled in a quiet environment.
- Your loved one's breathing may be irregular. Breaths may become faster and deeper. This is a natural response to the decreased levels of oxygen and increased levels of carbon dioxide.
 - Your loved one may go many seconds between taking breaths.
 - The nurse will give your loved one medicine to treat any signs of discomfort and/or to help dry secretions.
- Your loved one's color may become very pale or gray and dusky. As the blood circulation slows, the arms and legs may become bluish in color.
- In the final minutes of life, your loved one's heartbeat and breathing may stop for several seconds or minutes, and then start again. This is rare, but not abnormal.
- The nurse or doctor will determine the time of death.
- You will be able to spend time at your loved one's bedside.

- The nurse will ask you for the name of the funeral home you choose. The hospital staff will notify the funeral home at the appropriate time. You will need to call the funeral home when you are ready to schedule a time to make arrangements.
- Take extra care when leaving the hospital. If you are overcome with grief and do not have anyone to take you home, the social worker or nurse can help arrange for transportation.

Survival for several hours

If your loved one survives several hours after the ventilator is removed, he or she will be transferred from the ICU to a private room on a medical station.

Although it is not common, some people have stabilized to a point of being transferred to another care setting (home, skilled nursing facility or hospice home). The social worker or case manager will work with you in making discharge plans if you are in this situation.

Your Care and Comfort

Everyone responds differently to what is happening. Please know that you are able to be with your loved one as much as you need and want.

There may be short periods during care or nursing reports that you and other family may be asked to step out of the room. If you leave the Intensive Care Unit, be sure to tell the health care providers how to reach you.

Although it is easy to neglect your own needs and health during this time, it is important that you take care of yourself. Take walks, eat regularly, drink lots of water, and try to rest.



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