- Femur: IV fluids and/or get tested to score of 4 or Non-Ventilator Patients (NVP).
- Add sedation as necessary.
- Decametrolone or Propofol
- Titrate infusion to Richmond Agitation Sedation Scale (RASS) -3 to -2
- Significant sedation:趋势 by tachycardia despite PEEP
- Maintain stable and adequate ventilation
- Consider neuromuscular blockade (NMB) with Rocuronium only if patient is deeply sedated (RASS = -4)
- Do not discontinue analgesia or sedative until NMB is discontinued

Continued Ventilator Management and Weaning

- Liberation from Mechanical Ventilation: PIVD
- For planned patients, attempt spontaneous daily and semi-autonomous spontaneous efforts in TID after awakening
- Call ESICM Orange AV kit or consultation with anesthesiologist (if not
- Continue sedation as tolerated
- Use RASS 0-3 as tolerated
- Milk PEEP as tolerated to maintain adequate saturation on noninvasive PCO2 50% of the
- If PEEP decreases to ~6 mm Hg or less may consider simultaneous breath ventilation (SBT)
- Part spontaneous breathing trial with awakening from sedation
- If invasive CO2 in sp-HC, may consider noninvasive ventilation (NIV)
- Discontinue potential ventilation in human CO2 aspiration (HC) and confirm NIV capability (for patients or "CEDE" of D-Intubation)
- Contact Ventilator Education Team
- Monitor airway suctioning - call 888-888 for local RT support