LAKEVIEW / CLINICAL PARTNERS

Ventilator referrals and the 2022 guideline change

This dated briefing explains why a 2022 publication shifted attention from days on a ventilator to tolerance of breathing trials. Use current clinical and payer guidance for a referral today.

What changed in the 2022 publication?

In March 2022, the 26th edition of an MCG ventilator-management guideline described three failed spontaneous breathing trials in place of an earlier 21-ventilator-day benchmark for the indication discussed in the source. MCG publishes evidence-informed guidance used in clinical and utilization review. The original publication was a dated interpretation of one indication.

Why pay attention to breathing trials?

Elapsed days tell the receiving team how long treatment has lasted. They do not explain why the person still needs ventilation. A documented spontaneous breathing trial can show the support used, how long the person tolerated it, changes in breathing effort or oxygen needs and the clinical reason the trial ended. The source cited research on timing of transfer and the probability of ventilator liberation.

Use the current clinical picture

Ask the treating team about the reason for ventilation, airway, current support, medical stability, secretions, recent trials and barriers. Include dates and responses when known. Decisions about trial timing belong to the treating clinical team. Referral and insurance review depend on current clinical and payer criteria. A trial count by itself does not authorize a transfer or establish coverage.

What an interdisciplinary review adds

The original sheet cited historical national data that more than one quarter of LTACH admissions received ventilator support. Its service examples included respiratory specialists, critical-care nursing, rehabilitation and bedside discussions of individualized goals. The source also described a former network's certification effort and early-mobility program. Ask what capabilities the receiving team has for this particular person.

Respiratory, physical, occupational and speech-language therapists contribute different observations. Joint assessment may cover an airway or breathing trial, safe movement with equipment, communication, swallowing and self-care. Ask what support is needed in the first hours after transfer and which goal the team and family will revisit first.

Source-era references

MCG General Recovery Care, 26th edition (2022), Ventilator Management Long-Term Acute Care Hospital guideline, GRG-049. The earlier clinical source also cited research on prolonged ventilation and timing of transfer and the March 2021 MedPAC report to Congress.

https://pubmed.ncbi.nlm.nih.gov/27818331/

Talk with Lakeview

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