

# BRIDGEPOINT+

## Your Recovery at Our LTACH

A Guide to Ventilator Weaning & Tracheostomy Care

*For Patients and Families*

## Long-Term Acute Care Hospital

Specialized recovery for  
complex medical needs

### Welcome to Bridgepoint Continuing Care Hospital

Bridgepoint is a Long-Term Acute Care Hospital (LTACH) which is a specialty hospital designed for patients who need extended recovery after a serious illness or injury. Unlike a traditional hospital ICU, our team focuses on a gradual, supported recovery. Two of our most important goals are **weaning you off the ventilator** and **providing expert respiratory care** with the goal of breathing on your own and eventually going home.

## Section 1: Ventilator Weaning

### What Is Weaning?

"Weaning" is the step-by-step process of reducing how much support the mechanical ventilator provides a person while their lungs and breathing muscles gain strength and take over the work. At an LTACH, weaning is done slowly and carefully at their pace.

### Why Does Weaning Take Time at an LTACH?

Patients who come to an LTACH have often been on a ventilator for weeks and sometimes months. Prolonged mechanical ventilation use can cause breathing muscles to weaken, just like any muscle weakens when it is not used. Rebuilding that strength takes time, patience, and a structured plan.

### The LTACH Advantage

At a short-stay hospital, there may not be enough time for gradual ventilator weaning, while at an LTACH the care team, including doctors and respiratory therapists, focuses on daily weaning progress

### How Your Weaning Plan Works

At Bridgepoint our team of respiratory therapist (RT) and physician create an individualized weaning plan. Most plans progress through these stages:

| Stage                   | What It Means                                                                                                                                                                                   | Why It Matters                                                                                                                            |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Full Ventilator Support | Machine does all the breathing                                                                                                                                                                  | Allows lungs to rest and provides breathing support during acute illness.                                                                 |
| PSV/Spontaneous Mode    | Every breath is initiated by you. The ventilator provides a preset pressure to help augment the volume you receive. The RT will continue to decrease the pressures as your tolerance increases. | Allows you to breathe with minimal support and encourages you to use your muscles for respiration. This helps to strengthen your muscles. |
| Trach Collar Trials     | You are completely off the ventilator for a few hours and only receiving humidified oxygen through the trach.                                                                                   | We will gradually increase the time you are on the trach collar as you tolerate it. This is the final stage before ventilator liberation. |
| Ventilator Liberation   | You have been off the ventilator for a minimum of 48hrs. The ventilator can now be discontinued.                                                                                                | You are breathing independently from the ventilator. Your care team will continue to assess trach progression and liberation.             |

## Weaning Trials — What to Expect

Each day your RT will perform an assessment for weaning readiness.

Every day is not the same, and your ventilation/oxygenation needs may change. That is why the respiratory therapist will perform an assessment daily to assess and maximize your lung health. An inability to tolerate weaning on any given day is not a failure, it is information that we use to adjust our efforts to meet your needs and help you continue to progress in future weaning sessions.

## Factors That Affect Weaning Progress

| ☑ Things That Help Weaning                                                       | ✗ Things That Can Slow Weaning                             |
|----------------------------------------------------------------------------------|------------------------------------------------------------|
| Nutrition — good nutrition provides strength to the muscles that help you breath | Infection or fever — increases breathing demand and effort |
| Sleep and rest — helps body and muscles recover                                  | Fluid overload — extra fluid makes lungs work harder       |
| Therapy (PT/OT/SLP) — strengthens overall endurance                              | Anxiety or pain — increases breathing rate and effort      |
| Motivation and participation                                                     | Anemia — reduces oxygen delivery to muscles                |
| Stable heart function                                                            | Worsening of underlying illness                            |

## How You and Your Family Can Help

- Attend and participate in your scheduled physical, occupational and speech therapy sessions. Even small movements build endurance and help in your recovery.
- Eat as much of your meals as you can, or ask about nutrition support if you are not hungry
- Try to relax and breathe calmly during Spontaneous Breathing Trials (SBTs.) Anxiety makes breathing feel harder than it is
- Ask your team: "How did my breathing trial go? What is the plan for today?"
- Family presence is encouraged, a familiar, calm voice can make a real difference

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## Section 2: Your Tracheostomy

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### What Is a Tracheostomy tube?

A tracheostomy tube (often called a "trach," pronounced "trake" is a short tube that is placed in a small surgical opening in the front of the neck that leads directly into the opening in the windpipe (trachea). It is an artificial airway used as a safe route for mechanical ventilation, secretion management, and to provide oxygen to your body.

### Why Do LTACH Patients Have a Trach?

Most patients arriving at an LTACH already have a tracheostomy tube placed during their acute hospital stay. A trach tube is preferred over an (endotracheal) tube through the mouth when:

- Prolonged mechanical ventilator support is needed
- The patient needs a safer, more comfortable airway during prolonged recovery
- Suctioning is required to keep the airway clear
- A gradual, supported weaning process is planned

A trach tube is not always a permanent fixture and for many patients, the goal is to remove it once the weaning is complete.

## Parts of Your Tracheostomy Tube

| Part                | What It Does                                                                                            |
|---------------------|---------------------------------------------------------------------------------------------------------|
| Outer cannula       | The main tube that sits in the stoma (opening); holds the airway open                                   |
| Inner cannula       | A smaller removal tube inside the outer cannula that's removed for cleaning                             |
| Cuff                | A soft cuff near the tube tip that is inflated or deflated depending on the stage of weaning process    |
| Pilot balloon       | Small balloon on the outside that inflates or deflates the cuff while you are in the process of weaning |
| Flange (neck plate) | The flat part that rests on the neck; held in place by trach ties or a velcro holder                    |

## Tracheostomy Tube Care — What Your Team Does (and What You Will Learn)

Tracheostomy tube care is performed typically twice a day and more often if needed. In the instance you are being discharged home, you and a family loved one will be educated on caring for your tracheostomy tube independently. Here is what it involves:

| Care Task                                                                                    | What Happens                                                                                               | Why It Is Done                                       |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| Stoma cleaning                                                                               | Clean the skin around the opening with a saline/peroxide solution; remove dried secretions                 | Prevents skin breakdown and infection                |
| Inner cannula change (When applicable. Some tracheostomy tubes do not have an inner cannula) | Remove, clean (reusable) or discard (disposable) inner cannula; replace with clean one                     | Clears mucus buildup; keeps airway open              |
| Trach tie / holder change                                                                    | Replace soiled ties as needed                                                                              | Keeps tube secure                                    |
| Suctioning                                                                                   | A thin catheter is placed in the airway to encourage the patient to cough and remove mucus from the airway | To clear the airway of mucous and prevent infection. |
| Dressing change                                                                              | A gauze dressing will be placed under the flange to keep the skin dry.                                     | Absorbs moisture; protects skin                      |

## Suctioning — What You Should Know

Suctioning is one of the most important parts of trach care. Because the trach bypasses the nose and mouth, mucus cannot be cleared the normal way. Suctioning removes it safely.



### Signs That Suctioning Is Needed — Tell Your Nurse:

- Gurgling, rattling, or noisy breathing
- You can see or feel mucus in the trach
- You feel like you cannot clear your throat
- Breathing feels more effortful than usual

## Speaking with a Tracheostomy Tube — Passy Muir Valve (PMV)

When you are ready, and the cuff is deflated, your speech therapist may place a Passy Muir Valve (PMV) over the trach. This one way valve lets air/oxygen flow in through the trach and passes the air/ oxygen out through the vocal cords, allowing you to speak.

- The PMV can be used both on and off the ventilator.
- It is placed for short, supervised trials at first and gradually extended by the speech therapist.
- Speaking with a PMV may feel strange at first, this is normal and will improve with time.
- Your speech therapist will also assess your swallowing safety while the PMV is in place.



### Important Safety Rules for Trach Patients

- NEVER remove the trach tube yourself
- Keep a spare trach tube and obturator at the bedside at all times
- If the tube falls out, press the call bell immediately and stay calm
- Keep the area around the neck free of tight clothing or jewelry
- Never cover or block the opening of the tracheostomy tube with your hand or a cloth

## Potential Complications — Know the Signs

| Complication                                 | Signs to Watch For                                                                                          |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Mucus plug                                   | Sudden difficulty breathing, decreased air movement                                                         |
| Tube displacement / accidental decannulation | Breathing difficulty, tube looks out of place                                                               |
| Stoma infection                              | Redness, warmth, swelling, odor, or discharge around stoma area                                             |
| Tracheal bleeding                            | Blood-tinged secretions in small amounts is normal. However large amount of bleeding suggests airway trauma |
| Cuff problems                                | A large amount of air/oxygen leaking around the tracheostomy tube while on mechanical ventilation           |

## Section 3: Trach Removal (Decannulation)

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Decannulation, removing the tracheostomy tube, is one of the final goals towards being able to breath completely on your own. Your team will carefully assess your readiness before proceeding. Decannulation can happen at either an LTACH or SNF (Skilled Nursing Facility) and depends on several readiness factors.

### Readiness Criteria

The team reviews all of the following before removing the tracheostomy tube:

- You are completely off the ventilator for at least 48 hours
- You can cough strongly enough to clear your own secretions
- Your swallowing is safe (assessed by speech therapy)
- You do not require frequent suctioning
- You tolerate the tracheostomy plugging for at least 3 consecutive days without signs of distress
- Your overall condition is stable

### The Downsizing and Plugging Process

Before the trach is removed, the team may first:

**Downsize the tracheostomy tube:** Your current tracheostomy tube may be replaced with a smaller one.

**Plug the tracheostomy tube:** The RT will cover the end of the tracheostomy tube with a plastic plug allowing you to breathe normally through your nose and mouth.

### Capping Trial Goals

**Ability to protect your airway by managing your secretions.**

**Ability to effectively ventilate (remove CO<sub>2</sub>) and maintain adequate oxygen saturation >92%**

**Maintain normal work of breathing**

### The Decannulation Procedure

Removing the tracheostomy tube is a bedside procedure:

- The tracheostomy is removed and a dressing is secured over the stoma.
- The stoma closes on its own over several days to weeks. No surgery is needed in most cases.
- You are closely monitored for any signs and symptoms of acute respiratory distress.

### After Decannulation

- Your voice may be hoarse or weak at first. However, this usually improves within days to weeks.
- Change the stoma dressing as instructed and keep the area dry.
- Avoid submerging the stoma area in water until it is fully healed.
- You may notice some air leaking from the stoma when you cough. This will resolve as the stoma closes and heals.
- Speech therapy will often continue after decannulation.

## Section 4: Your LTACH Care Team

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At Bridgepoint, you have a dedicated team of specialists working together on your recovery. Here is who you will meet:

| Team Member                  | Role                                                 | How They Help Your Recovery                                                            |
|------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------|
| Pulmonologist / Intensivist  | Physician specializing in lungs and critical illness | Oversees ventilator weaning plan and overall care                                      |
| Respiratory Therapist (RT)   | Specialist in oxygenation and ventilation management | Runs daily weaning assessments, adjusts vent settings, manages all artificial airways. |
| Registered Nurse (RN)        | Your bedside nurse                                   | Monitors vitals, performs trach care, coordinates care                                 |
| Speech-Language Pathologist  | Communication and swallowing specialist              | PMV trials, speaking therapy, swallowing assessments                                   |
| Physical Therapist (PT)      | Movement and mobility specialist                     | Builds endurance; exercises that support weaning                                       |
| Occupational Therapist (OT)  | Daily living activities specialist                   | Helps with independence in self-care and trach care                                    |
| Registered Dietitian (RD)    | Nutrition specialist                                 | Optimizes nutrition to fuel breathing muscles                                          |
| Social Worker / Case Manager | Discharge planning and family support                | Plans your safe transition home or to next level of care                               |

## Section 5: Questions to Ask Your Team

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Write down questions as they come to you. Bring this page to rounds or family meetings.

| Topic                 | Sample Question to Ask                                                                    |
|-----------------------|-------------------------------------------------------------------------------------------|
| Weaning Progress      | How did today's breathing trial go? How long did I last?                                  |
| Weaning Plan          | What is the goal for this week? What does "good progress" look like for me?               |
| Ventilator Settings   | What mode is the ventilator in right now? Is that higher or lower support than yesterday? |
| Trach Tube            | When will my trach be downsized? Am I ready to try plugging?                              |
| Trach Plugging Trials | How are my plugging trials going? How long can I tolerate the cap?                        |
| Decannulation         | What do I still need to accomplish before my trach can be removed?                        |
| Speaking Valve        | Is it safe for me to try a Passy Muir Valve? When can speech therapy start?               |
| Swallowing            | Has my swallowing been evaluated? Can I eat or drink anything yet?                        |
| Discharge Plan        | What level of care will I need after the LTACH? Will I go home?                           |
| Trach Care at Home    | If I go home with a trach, who teaches me? What supplies will I need?                     |

***Recovery takes courage. Every breath you take on your own is a victory.***  
*We are here with you every step of the way.*