

Hi! My name is _____.

I have _____.

When I have a respiratory infection or pneumonia, my weak cough makes it difficult to keep mucus from building up in my lungs. I use a Cough Assist Device to help bring up the mucus.

The settings for my Cough Assist are:

Inspiratory Pressure: + cm H₂O

Expiratory Pressure: - cm H₂O

Inspiratory time: sec; Expiratory time: sec; Pause: sec;

If my oxygen saturations are less than 94% then I need more frequent Cough Assist and possibly BIPAP (IPAP 12-20 cm H₂O; EPAP 3-6 cm H₂O) or nasal mask non-invasive ventilation (assist controlled volume ventilation).

Using just oxygen to treat low oxygen saturations can mask and cause CO₂ retention and respiratory acidosis! As a general rule, oxygen should be avoided!

BIPAP and nasal mask non-invasive ventilation can prevent the need for intubation, tracheostomy, and reverse hypoxemia and respiratory acidosis.

If you feel that intubation is needed, please pass on the attached extubation protocol to the ICU doctors and respiratory therapists.

My Muscular Dystrophy Neurologist is:

Contact #:

Pulmonologist is:

Contact #:

Cardiologist is:

Contact #:

Respiratory Therapist is:

Contact #:

**RECOMMENDATIONS FOR POST-OPERATIVE CARE AND EXTUBATION
OF
INDIVIDUALS WITH NEUROMUSCULAR DISEASE**

BEFORE EXTUBATION:

For **INTUBATED** patients, q 4 hours airway clearance:

1. Cough Assist: 5 sets of 5 breaths, then end on inspiration.
Inspiratory pressure: +30 for 1 - 1.5 seconds;
Expiratory pressure: -30 to 45 as tolerated for 1 second;
Pause: ~ 1 second
2. In-line ETT suctioning.
3. Vest Therapy or Chest PT for ____ minutes (with albuterol if prescribed).
4. Cough Assist: 5 sets of 5 breaths as above, then end on inspiration.
5. In-line ETT suctioning.

* Cough Assist can be used as often as every 10 minutes followed by ETT suctioning *

Consider **EXTUBATION** when the patient is:

1. Afebrile
2. **NOT** requiring supplemental O₂.
3. CXR is without atelectasis or infiltrates
4. Off all respiratory depressants
5. Minimal secretions.

AFTER EXTUBATION:

EXTUBATE to nasal ventilation and **NO** supplemental O₂.

(eg. BIPAP of (14-17)/(3-6) using spontaneous timed mode; rate = spontaneous rate)

After **EXTUBATION**, minimum of q 4 hours airway clearance:

1. Cough Assist may be needed as often as every 10 minutes.
2. Cough Assist: 5 sets of 5 breaths, then end on inspiration.
Inspiratory pressure: +30 for 1 - 1.5 seconds;
Expiratory pressure: -30 to 45 as tolerated for 1 second;
Pause: ~ 1 second
3. Vest Therapy or Chest PT for ____ minutes (with albuterol as prescribed)
4. Cough Assist: 5 sets of 5 breaths, then end on inspiration.
Use Cough Assist if O₂ sats drops to < 94% acutely.

Wean from nasal BIPAP or ventilation during the day as tolerated;

GOAL: only with sleep.

Wean airway clearance regimen to 2-4 times a day.

Adapted from Univ of Wisconsin (Mary Schroth MD; 12/20/04 handout) and Bach JR et al, Spinal muscular atrophy type 1: a noninvasive respiratory management approach. Chest 2000; 117:1100.

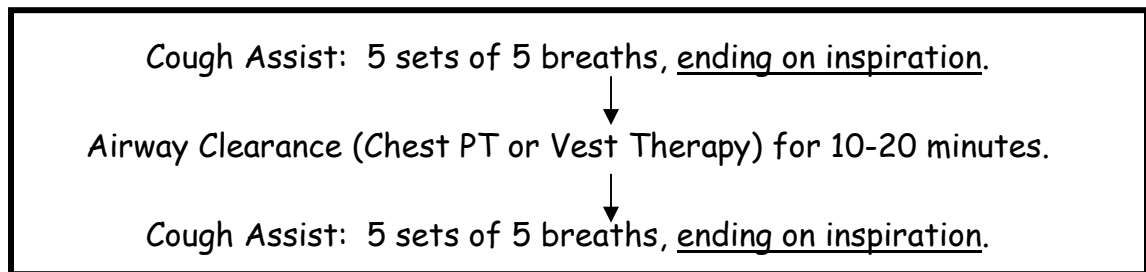
INSPIRING WELLNESS

Keeping Your Lungs Healthy When You Have A Neuromuscular Disease

Handling Colds

During a cold, a weak cough can become weaker and it is more difficult to clear mucus from the lungs. People with a muscular dystrophy have normal lungs, so if the oxygen saturation is going down, it means more help is needed to cough and breathe (NOT just extra oxygen is needed). The following steps are very helpful in keeping the lungs clear and keeping oxygen saturations above 94%.

1. At least every 4 hours:



2. Use the Cough Assist whenever you hear or feel a rattle in the chest. Suction the mouth when mucus is stuck in the back of throat.
3. If you have them at home, use BIPAP or the ventilator with all sleep (i.e., naps and overnight). With colds, we all are weaker.
4. Use the oximeter, once a day when well and at least 3 times a day when sick. **If the oxygen saturation is less than 94%**, use the Cough Assist to clear secretions and then recheck the oxygen saturation. **If the oxygen saturation is 92% or less or the Cough Assist is not increasing the oxygen saturation to 94% or higher.** then call your muscular dystrophy neurologist or pulmonologist.