INVASIVE MECHANICAL VENTILATION

Patient receiving volume or pressure support from ventilator to support inspiration; could be via ETT or tracheostomy

EXTUBATION (NOT ONTO NIV)/ WEANING VIA TRACHEOSTOMY

If patient is extubated, or weans via tracheostomy, onto CPAP, High-Flow, or regular oxygen therapy:

- This constitutes unassisted breathing
- Note time IMV stops & alert clinical team
- Commence 48 hour monitoring period of unassisted breathing
- If 48 hours achieved successfully, this marks the primary outcome
- Clinical team to stop prescription of mucoactive (if patient in one of the 3 intervention groups)
- Record date and time of successful unassisted breathing on CRF i.e. date and time that marks the <u>end</u> of 48 hour period
- NOTE IT IS POSSIBLE TO ACHIEVE THE PRIMARY OUTCOME WITH A TRACHEOSTOMY IN SITU
- On rare occasions a patient may achieve the primary outcome with an ETT in situ if weaning has occurred before extubation

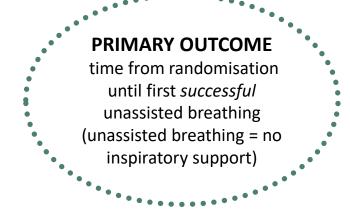
EXTUBATION ONTO NIV

If patient is extubated onto non-invasive ventilation that continues to provide pressure or volume support for inspiration:

- This <u>continues the period of mechanical</u> <u>ventilation</u>
- Unassisted breathing commences when NIV is changed to CPAP, High-Flow, or regular oxygen therapy
- Note time NIV stops & alert clinical team
- Commence 48 hour monitoring period of unassisted breathing
- If 48 hours achieved successfully, this marks the primary outcome
- Clinical team to stop prescription of mucoactive (if patient in one of the 3 intervention groups)
- Record date and time of successful unassisted breathing on CRF i.e. date and time that marks <u>the end</u> of 48 hour period

See overleaf for example scenarios







Any IMP administered after the point of successful UAB/primary outcome is considered a protocol deviation unless a clinical decision to continue is made. This decision must be clearly documented in the notes.

Example Patient Scenario 1

- Patient AB randomised 08/03/2024.
- Received tracheostomy and immediately commenced CPAP via trache mask <u>12/03/2024 at 11:00</u>.
- *Period of unassisted breathing commences

 alert clinical team*
- Maintained on CPAP and regular oxygen for 48h.
- Achieved successful unassisted breathing/ primary outcome <u>14/03/2024 at 11:00</u>.
- *IMP prescription terminated at 11:00*
- Patient decannulated 26/03/2024 and maintained for 48 hours.
- Date of extubation 26/03/2024.

Example Patient Scenario 2

- Patient BC randomised 04/12/2023; no tracheostomy in situ.
- Extubated onto CPAP <u>15/12/2023 at 15:30</u>.
- *Period of unassisted breathing commences
 alert clinical team*
- Maintained for 48h. Achieved successful unassisted breathing/ primary outcome <u>17/12/2023 at 15:30</u>.
- *IMP continued post-15:30 as per treating physician decision & documented in notes*
- Date of extubation 15/12/2024.

Example Patient Scenario 3

- Patient DE randomised 02/01/2024; no tracheostomy in situ.
- Extubated onto NIV 10/01/2024.
- Transition from NIV to high-flow <u>16/01/2024</u> <u>at 17:00</u>.
- *Period of unassisted breathing commences

 alert clinical team*
- Maintained on high-flow for 48h.
- Achieved successful unassisted breathing/ primary outcome <u>18/01/2024 at 17:00</u>.
- *IMP prescription terminated at 17:00*
- Date of extubation 16/01/2024.

Example Patient Scenario 4

- Patient EF randomised 04/03/2024.
- Weaned to CPAP with ETT in situ <u>10/04/2024</u> <u>at 10:15</u>.
- *Period of unassisted breathing commences - alert clinical team*
- Maintained for 48h.
- Achieved successful unassisted breathing/ primary outcome <u>12/04/2024 at 10:15</u> with ETT in situ.
- *IMP prescription terminated at 10:15*
- Extubated on same day and maintained for 48h.
- Date of extubation 12/04/2024.



PRIMARY OUTCOME

time from randomisation until <u>time</u> of first *successful* unassisted breathing (unassisted breathing = no inspiratory support) ***Always alert the clinical team** once the 48hr countdown to UAB has commenced*



Any IMP administered after the point of successful UAB/primary outcome is considered a protocol deviation unless a clinical decision to continue is made. This decision must be clearly documented in the notes.