

## VENTILATOR MANAGEMENT IN ICU/NICU

**Basic Education:** MD or DO

**Pathway 1:** Board Certified or Board Eligible in the specialties of Neonatology, Pulmonology, Anesthesiology, Critical Care, or Surgical Critical Care and provide documented evidence of current ventilator management training. Formal training in their subspecialty will involve primary management of complicated respiratory failure requiring ventilator support.

**Pathway 2:** Board Certified or Board Eligible in Internal Medicine, or Surgery, and management of at least twenty (20) vented patients in the past year at the ICU level. If more than 2 years have lapsed since active ventilator management has occurred, then pathway 3 will be utilized.

**Pathway 3:** Board Certified or Board Eligible in Internal Medicine, or Surgery, including verification of ventilator management training during residency program. Provisional Privileges may be requested at that time.

To be completed sequentially (or “grandfathered” as authorized by MEC on a case-by-case basis):

1. Successful completion of accredited CME program on ventilator management approved by the ICU medical director.
2. Participation in interdisciplinary rounds for six ventilated patients with the ICU medical director or designee. The applicant is responsible for management from the time of intubation through ventilator liberation.
3. Three (3) months of provisional vent privileges which require:
  - a. mandatory notification of the ICU medical director regarding case to be managed for general oversight
  - b. case review within a 72 hours of vent initiation documented on tracking form by ICU medical director. Any concerns related to patient safety will be brought immediately to the ICU medical director.
  - c. management of at least ten (10) vented discrete patients within the three (3) month provisional period with documented case review as per b
4. Vent privileges to be considered at the end of the 3-month period by the ICU medical director or continued provisional vent privileges for another 3-month cycle.

Initial FPPE will include review of 3 vented patients managed by provider within first 8 months of full privileges granted.

**Reappointment:**

Documentation of managing at least twelve (12) vented patients annually at the ICU level.

(Physicians who are fellowship trained or board certified in Critical Care, Neonatology, Anesthesia and Pulmonologists practicing Critical Care within past 2 years are exempt from this reappointment requirement.)

Note: When the applying physician is not available, they are responsible for back-up coverage by another physician with ventilator management privileges.

BOT Approval Date: 07/16/02; 04/19/05; 06-19-07; 12/13/13; \*3/17/16; 5/19/16; \*10/17/19; 3/16/23

*\*Italicized date above indicates review only (no changes)*