Critical Care Unit Ventilator Fact Sheet

What is a Ventilator?
A ventilator is a machine used to temporarily help the patient breathe. Oxygen is pumped in the patient lungs and the patient breathes out through the tubing. The ventilator makes breathing easier.

What is a endotracheal tube?
The endotracheal tube (often called an ET or ETT) is a tube that is inserted into the patient’s throat through the mouth or nose to the lungs. The ventilator is connected to the endotracheal tube, which acts as an airway.

What is the tracheostomy tube?
A tracheostomy tube has the same function as an endotracheal tube. The “trach” tube is a minor surgical procedure performed in the Critical Care Unit. A small tube is inserted through the front of the neck. In Critical Care, this tube is used when the patient has been on the ventilator for a prolonged period of time or if a patient has challenges with their throat or mouth area. The trach tube is often removed after the patient has come off the ventilator and has demonstrated that they can swallow safely.

Is the tube painful?
No, but it is uncomfortable. Patients in Critical Care are given medications to maintain comfort.

What about talking and coughing?
The tube (ET or trach) is inserted through the voice box (vocal cords). Air passing through the vocal cords allows us to talk. Because air is going in and out of the lungs through the tube, the air cannot pass through the vocal cords. The patient will be able to talk after the tube has been removed. Patients with a tube in often cough. This is a normal reflex. The patient is not choking but trying to clear their secretions from their lungs.

Can a patient on a ventilator understand what I am saying?
Yes, even though your relative cannot talk, he or she may be able to respond to questions by nodding or, if able, by writing on paper.

What is suctioning?
Suctioning refers to a catheter connected to the ventilator tubing that can pass through the ETT or trach to remove secretions from the airway. It is important to keep the tube clear and to help the patient “cough” up any secretions from their lungs.
**What about eating or drinking?**
When your relative is on a ventilator they cannot eat or drink because they cannot swallow with the ET or trach in place. Nutrition is given via a tube that is inserted through the mouth or nose into the stomach. A swallowing test will be done for patients with a trach tube once the patient is off the ventilator.

**Why are my relatives hands tied?**
A patient’s hands may be tied only if it is necessary to prevent them from pulling out any of the tubes.

**What if the tube becomes disconnected?**
Call the nurse immediately if the tube is disconnected from the ventilator. An alarm will go off if the patient becomes disconnected.

**What does the alarm sounds mean?**
The alarms are alerts to staff that something is happening. Alarms can be sound for many reasons and will reset (stop sounding) if the reason has been resolved. The nurse or the respiratory therapist will come check the ventilator if an alarm is sounding.

**When will my relative come off the ventilator?**
The patient is monitored for “weaning off the ventilator”. The ventilator settings are turned down to allow the patient to do most of the breathing. When the patient’s breathing improves, the ventilator and the ET can be removed. If you relative has a tracheostomy, they may be gradually taken off the ventilator until they are completely off. Weaning from ventilators can be lengthy. The health care team can update you on your relative’s progress. Tracheostomy weans can be done with an oxygen mask, oxygen flow through the ventilator or through Optiflow therapy.

**If you have questions or require more specific information, please ask a member of your health care team.**