Breathing Machines:

What you should know

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Facts about breathing machines

- When the lungs are not able to take in air on their own due to respiratory failure or when the brain is not able to stimulate the lungs to take a breath, a breathing machine may be recommended
- Breathing machines are generally a temporary intervention until the individual can breathe on his or her own
- Breathing machines may be temporarily needed during recovery from a trauma, surgery, or through a short illness

There are different types of breathing machines

BiPAP: forced air by a machine through a tight fitting mask over the nose and mouth, no tube is placed in the patient's mouth.

Ventilator: a tube is placed in the mouth through the throat to allow oxygen to be delivered directly to the lungs.

Things to know about being on a ventilator:

- Patient is not able to eat or drink through the mouth, they are fed artificially through tubes
- Patient is not able to speak while on the ventilator
- Patient is not able to swallow secretions, so their caregiver has to suction secretions manually
- Sometimes the patient has to be sedated/medicated to stay calm while on the ventilator
- Frequently the patient has to be physically restrained so the patient does not pull out the tube connected to the ventilator
- After an individual is on a ventilator for two weeks, a permanent tracheostomy and permanent feeding tube will be placed.

When are breathing machines recommended?

- Patient requires breathing assistance for a short time until their lungs can breathe on their own (usually days up to a couple weeks)
  - For a sudden illness or during/after surgery
  - When lung problem(s) are temporary

When are breathing machines <u>not</u> recommended?

- Patient has a terminal illness
- Patient has advanced dementia
- Patient has other organs that are failing
- Patient has other medical problems that prevent the body from getting better
- Lung disease is at the advanced stage and patient may be permanently dependent on a ventilator, which can interfere with an individual's quality of life
- If patient has a neurological (brain) impairment or injury that prevents them from having a meaningful interaction with family or friends.

Questions for you to consider for yourself, your family, or your health care provider regarding decisions about breathing machines

- Is a breathing machine going to fix or reverse my lung condition?
- Can I get by with a BiPAP machine and not a ventilator? If so, for how long?
- Are there other medical conditions present that will prevent me from getting off of the breathing machine? Can those medical conditions get better?
- Will I be able to go home if I am on a breathing machine, or will I have to reside in a nursing home?
- If I am not alert and cannot communicate, do I want to continue on a breathing machine?
- When should I tell my family to stop the breathing machine?

  Example:
  - Don't ever put me on a breathing machine
  - Only for a couple of days, weeks, or months
  - Up until I have to have a trach and feeding tube
  - If it means I have to go to a nursing home
  - If I am in a coma or I have a neurologic impairment and am not able to recognize or communicate with my family and friends.

If I choose not to have a breathing machine, what can be done to help me if I have difficulty breathing?

- Oxygen can be provided by a nasal cannula
- Medications such as steroids, morphine, or anxiety medications
- Breathing treatments
- Relaxation techniques

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