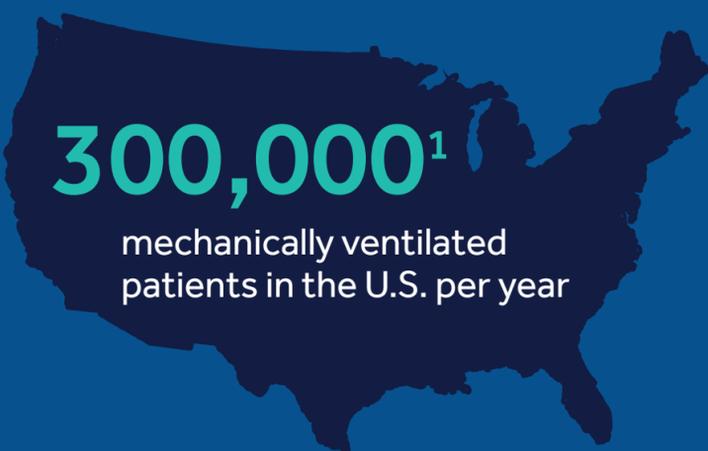


NOT TOO LATE. NOT TOO EARLY.

Protocolized weaning management for mechanically ventilated patients in the ICU



Ineffective weaning management can lead to high costs and lengthy weaning processes



Mechanical ventilation is associated with **\$27 billion** in annual cost in the U.S., representing **12%** of all hospital costs.²



The weaning process accounts for **~25%** total time on a ventilator.³

TOO LATE

Failure to recognize ventilator withdrawal potential results in^{2,5,6}



INCREASED:

- Time on vent
- Length of stay
- Costs



1% PER DAY Increase in risk of ventilator-associated pneumonia (VAP) for mechanically ventilated patients.^{4,6}

TOO EARLY

A failed extubation is associated with⁷

5X
higher risk
of developing
VAP

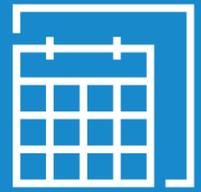
7X
increased
MORTALITY RISK

Patients who have to be reintubated have^{8,9}



SIGNIFICANTLY INCREASED:

- Length of ICU stay
- Overall hospital stay



EVIDENCE

Protocol-driven weaning has been shown to reduce*³



Weaning duration
by an average of
70%



Time spent on mechanical
ventilation by an average of
26%



ICU length of stay
by an average of
11%

THE SOLUTION

Vital Sync™ weaning readiness and spontaneous breathing trial (SBT) monitoring app

Weaning readiness:

- Set weaning criteria based on AARC standards¹⁰ or your hospital's protocol
- Continuously monitor patients and receive alerts when they are ready to begin a trial



SBT monitoring:

- Track the breath-by-breath progress of your patient through the trial from wherever you are
- Define guardrails that determine the trial's progress
- Receive an alert if your patient falls outside those thresholds



Learn more at medtronic.com/vital-sync-sbt-app

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*Compared to clinician-driven, nonprotocolized weaning

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