

<b>Ventilators</b>	
<input type="checkbox"/> <b>Original</b>	<b>Original Committee Approval: November 5, 1998</b>
<input checked="" type="checkbox"/> <b>Revised</b>	<b>Last Committee Approval: December 3, 2008</b>
	<b>Last Review: October 2008</b>

This service requires a referral to Community Health Plan's Case Management Department.

The principal criteria that CHP may use in reviewing requests for this service are contained in the following guideline:

- American Association for Respiratory Care (AARC). Removal of the Endotracheal Tube--2007 revision & update. Respir Care 2007 Jan;52(1):81-93. [189 references]

Web link for this:

[http://www.guideline.gov/summary/summary.aspx?doc\\_id=10669&nbr=005574&string=Ventilator+AND+management](http://www.guideline.gov/summary/summary.aspx?doc_id=10669&nbr=005574&string=Ventilator+AND+management)

It is assumed that patients who cannot meet criteria for extubation, as described in the above-mentioned guideline, are appropriate candidates for continued ventilator support.

**Required Approvals:**

Prior Authorization is required by the CHP Medical Director or his/her designee.