

The 2007 International Consensus Conference Definition in ventilated pediatric patients

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Abstract

Background The Task Force classification (TFC) identifies weaning from mechanical ventilation (MV) in adults as: simple (SW), difficult (DW) and prolonged (PW). The usefulness of this classification is unknown in pediatric patients. **Methods** Prospective, descriptive, multicenter study in 29 pediatric intensive care units from Argentina during a three-month period including all admitted patients who required MV and met weaning criteria. The evolution of these patients was analyzed according to TFC. **Results** 474 patients were included, 454 (95.8 %) of whom were successfully extubated. Eighty percent (n=370) were extubated after the first attempt and classified as SW, 84 (18,2%) were DW and only 7 (1,5%) faced a PW. Successful extubation on the first trial was 77.9% (n=356) and for subsequent trials, 56.7%, 64.5% and 66.7%. The duration of MV (in days) by group was [median (interquartile range)]: 5.4 (2.8-9.7) (SW), 10.6 (7.7-18.8) (DW) and 27.4 (15.1-28.4) (PW). Fourteen patients underwent tracheostomy without any weaning attempt, 3 patients were on MV at the end of the study and 3 patients died without any attempt. The only variable associated with PW and DW (as a single group, with SW as reference) in multivariable analysis was ventilator-associated pneumonia (OR 2.58, 95%CI 1.01-6.11). **Conclusions** We observed a low prevalence of PW. Patients with PW and DW showed no significant differences from patients with SW, albeit a higher incidence of VAP.

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