

Intubation

Facts

When a person's breathing fails, a machine may be used to help the patient breathe. This machine is called a "ventilator" or "respirator". When a ventilator is used, the machine is connected to a tube, which is inserted through the mouth and down the windpipe, allowing the machine to force air into the lungs. When this occurs, the patient is "intubated".

There are alternatives to a ventilator, such as oxygen, a CPAP or BiPAP, and/or medications that can ease the shortness of breath.

Benefits

Intubation can provide breathing assistance to allow the lung(s) to heal, such as with an infection or after surgery. It allows rest for the lungs, while also benefitting other health conditions.

Burdens

For some patients with a long history of COPD, emphysema, heart failure, lung cancer, or ALS, they may need to face the possibility that once they are placed on the ventilator, they may not be able to get off again.

The tube is uncomfortable and often a patient's hands need to be tied down, or they are given medication to prevent pulling on the tube. This makes it hard for the patient to speak or to receive food or drinks by mouth, and they will not be able to get out of bed while intubated. The breathing tube can cause coughing, throat irritation and the need for secretions to be suctioned from the airway.

Patients sometimes never start breathing again on their own. Instead, a bedside procedure would be done, allowing the breathing tube to be placed directly in the patient's windpipe. This is called a "tracheostomy" or "trach".

Resources

National Institutes on Aging (2019). Advance Care Planning: Healthcare Directives. Retrieved from <https://www.nia.nih.gov/health/advance-care-planning-healthcare-end-life>
Dunn, Hank (1990). Hard Choices for Loving People. A&A Publishers, Fifth edition. Lansdowne, VA.