Weaning of iNO to be discussed daily in rounds

RT to obtain OI prior to placing patient on iNO and with every assessment. Patient response may be determined by:
- SpO₂ within goal limits
- PaO₂ > 20 mm Hg of initial PaO₂
- Decrease in OI
- PA Systolic pressure estimated to be <40% systemic

1. iNO 20 ppm
   - Patient responded to iNO within 30 minutes
     - NO: Discontinue iNO
     - YES: FiO₂ < 0.6, and PaO₂ > 60

2. FiO₂ < 0.6, and PaO₂ > 60
   - YES: Wean iNO by 5 ppm Q4 hours until delivering 5 ppm
   - NO: Decrease in Sats > 5% or FiO₂ > 0.6 or PaO₂ < 60

3. Decrease in Sats > 5% or FiO₂ > 0.6 or PaO₂ < 60
   - NO: Once on iNO 5 ppm wean iNO by 1 ppm every Q4 hours until off iNO
   - YES: Increase iNO to the level before the wean. Resume weaning in 8 hrs.

4. Once on iNO 5 ppm wean iNO by 1 ppm every Q4 hours until off iNO
   - Decrease in Sat > 5% or FiO₂ > 0.6 or PaO₂ < 60
     - NO: Increase back to 1 ppm. Stay on dose level for 24 hrs before attempting to wean off again.
     - YES: Increase FiO₂ when weaning from 1 to 0 ppm might help to wean off iNO

5. Wean off iNO
   - Decrease in Sat > 5% or PaO₂ < 60
     - NO: Increase iNO to the ordered dose before the wean. Resume weaning in 8 hrs.
     - YES: Increase FiO₂ when weaning from 1 to 0 ppm might help to wean off iNO

6. Continue to wean FiO₂.

Disclaimer: Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment, nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgment and taking into account individual patient and family circumstances. Updated 5/20/2019