

# Time to decannulation shorter if based on suctioning frequency

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[group](#) compared with the [control group](#) (median, six versus 13 days). Compared with the control group, the intervention group had a lower incidence of pneumonia and tracheobronchitis and a shorter duration of hospital stay. The groups were similar in other secondary outcomes.

"The authors have taken an important step in building an [evidence base](#) to improve care for patients with chronic critical illness," writes the author of an accompanying editorial. "The generation of new knowledge should not end when a patient has survived acute illness."

Several authors disclosed financial ties to the medical device industry.

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(HealthDay)—A protocol based on suctioning frequency plus continuous high-flow oxygen therapy results in a shorter time to decannulation among conscious, critically ill patients with a tracheostomy tube, according to a study published in the Sept. 10 issue of the *New England Journal of Medicine*.

Gonzalo Hernández Martínez, M.D., Ph.D., from the Virgen de la Salud University Hospital in Toledo, Spain, and colleagues randomly assigned 330 conscious, critically ill adults who had a [tracheostomy tube](#) to either undergo a 24-hour capping trial plus intermittent high-flow oxygen therapy (control) or receive continuous high-flow oxygen therapy with frequency of suctioning as the indicator of readiness for decannulation (intervention; 161 and 169 patients, respectively). The time to decannulation was examined as the primary outcome.

The researchers found that the time to decannulation was shorter in the [intervention](#)

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