Introduction:
Ventilatory weaning protocols are important for the reduction of pneumonia associated with mechanical ventilation in tracheostomized patients.
The objective of this study was to evaluate the impact of the adhesion of the ventilatory weaning protocol on the incidence rate of pneumonia associated with mechanical ventilation in the tracheostomized patient in a large hospital neurological intensive care unit.

Methods:
The tracheostomized patients were retrospectively assessed from January 2015 to May 2017, correlating time of ventilatory weaning and pneumonia associated with mechanical ventilation.

Results:
In the period, 8,485 patients were admitted to the unit, with a mean age of 66.5 years, with an average stay of 5.6 days; 56% of the hospitalizations were surgical, with an expected mortality of SAPS3 of 22.3% and real mortality of 11.2%. In this group, 497 were tracheostomized patients and 276 eligible for ventilatory weaning according to institutional protocol. Ninety-six percent of patients completed ventilatory weaning. Prior to protocol initiation, the mean ventilatory weaning time was 12.8 days, which decreased to 5.2 days in 2015 and 1.6 days in 2016. The incidence rate of ventilator-associated pneumonia was 1.09 by 2015; 1.49 in 2016 and 0.75 in 2017.

Conclusion:
The implementation of ventilatory weaning protocol contributed safely to standardization of the weaning process in the unit, reduction of mechanical ventilation time and low rate of pneumonia associated with mechanical ventilation.