Patient Label Date: \_\_\_\_\_\_\_\_\_\_ MD\_\_\_\_\_\_\_\_\_

 RN\_\_\_\_\_\_\_\_\_\_\_\_ RT\_\_\_\_\_\_\_\_\_\_

**SAT/SBT Weaning Protocol Worksheet – Page One**

**Spontaneous Awakening Trial (SAT)**

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| **STEP 1: SAT Screen** |
| **Complete screening assessment by 0600 each AM.** Sedation for active seizure or ETOH withdrawal Escalating sedation due to ongoing agitation Receiving neuromuscular blockade agents Any evidence of active myocardial ischemia in past 24 hrAny evidence of increased intracranial pressure**Complete a CAM Assessment**FAIL if ANY criteria are checked. **Notify Provider** for orders to continue screening or resume  SAT/SBT in am.PASS if NO criteria are checked– Go to ***STEP 2*** |
| **STEP 2: SAT Test** |
| **Stop ALL sedation and pain meds by 0730.** NOTE: Any IV meds used for specific underlying condition (i.e benzodiazepine for ETOH withdrawal or narcotics for severe pain) are NOT withheld.Evaluate patient for tolerance of sedation cessation and respiratory status:Sustained anxiety, agitation or painRespirations >30/min for > 5 minutesSpO2 <90% for >5 minutesAcute cardiac arrhythmias or HR >120 or <50 or change of 20 beats/min from baseline>2 signs of resp distress: marked dyspnea, diaphoresis, use of accessory musclesOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAIL if ANY criteria are checked – Go to ***STEP 3***PASS if ONE of the following met – Go to ***STEP 4*** Opens eyes to verbal stimuli **without failure criteria**Tolerates sedation interruption w/o failure criteria |
| **STEP 3: SAT Test Failure** |
| **Notify MD of patient status and criteria not met. Obtain further orders.**Resume SAT/SBT in AM. Restart sedation as follows, unless otherwise ordered:* Restart sedation at 50% of the original dose.
* If showing intolerance, increase dose to 1.5 times 50% of the original dose.
* If still intolerant, increase dose to 1.75% times 50% of the original dose.
* If remains intolerant, return to original dose.

Proceed with SBT per order – Go to ***STEP 4*** |

Patient Label Date: \_\_\_\_\_\_\_\_\_\_ MD\_\_\_\_\_\_\_\_\_

 RN\_\_\_\_\_\_\_\_\_\_\_\_ RT\_\_\_\_\_\_\_\_\_\_

**SAT/SBT Weaning Protocol - Page Two**

**SPONTANOEUS BREATHING TRIAL (SBT)**

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| **STEP 4: SBT Screen Criteria** |
| Maintain tube feeding. MAP <65  ABG OR SpO2 < 90% Ph <7.32, PaO2 <65, FiO2 > 0.5 PEEP >8 Frequency/TV ratio >105 Secretions NOT easily managed No acute cardiac arrhythmias No signs of myocardial ischemiaFAIL if ANY criteria checked – Go to ***STEP 5***PASS if NO criteria are checked – Go to ***STEP 6*** |
| **STEP 5: SBT Screen Failure** |
| **Notify MD of SBT outcome and criteria failure to obtain further sedation and weaning orders.** Resume reduced sedation per Step 3. Resume SAT/SBT in AM. Proceed with SBT Test screen per order – Go to ***STEP 6*** |
| **STEP 6: SBT Test** |
| Reassess within 1 hr for **Failure Criteria.** With 1 hr assessment, draw ABG’s, unless on full dose of lovenox or IV anticoagulants w/o arterial line.**FAILURE CRITERIA:** MAP < 65  Increased work of breathing  Frequency/TV ratio >105  SBP >170 Ph <7.32, PaO2 <65, FiO2 >0.5  Altered mental status RR <8 or >30 for > 5 minutes  Acute cardiac arrhythmias SpO2 <90 on 50% FiO2  HR >120 or <50 beats/min from baseline Secretions not easily managed FAIL if ANY criteria checked OR change in condition.* Return to previous vent settings and **notify MD**.
* Resume reduced sedation per Step 3. Resume SAT/SBT

PASS if NO criteria are checked* Obtain weaning parameters and NIF.
* Assess ability to follow commands and patient tolerance.
* Place pt on CPAP 5/5.
* Contact Provider for extubation orders or to discuss concerns

 - **Extubate per order.** **Prior to extubation, stop tube feeding and apply suction to remove**  **stomach contents. do not suction small bowel feeding tubes.** |

**Revised 12/2019**