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**