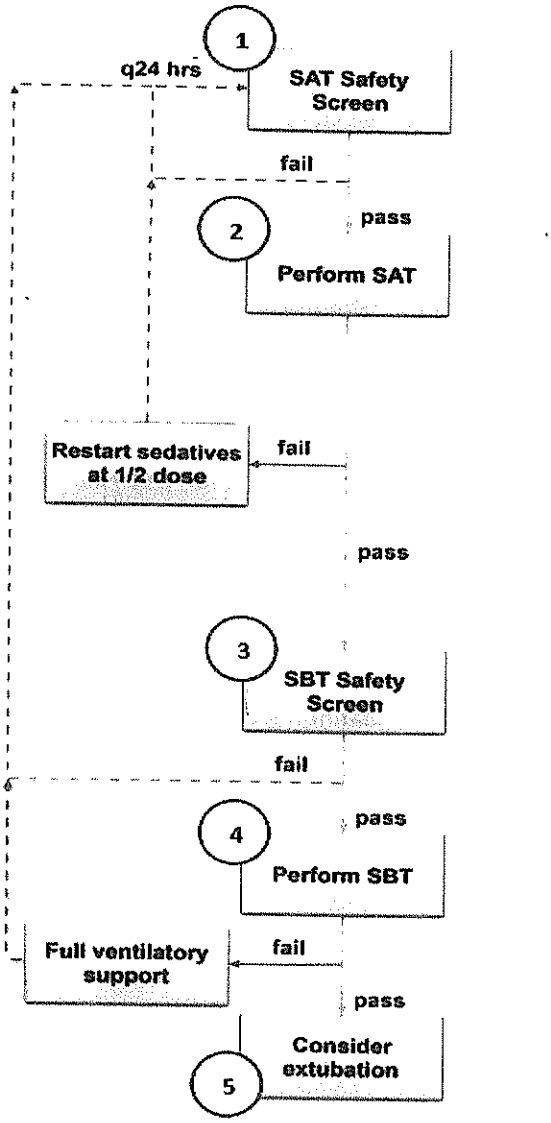
1

Spontaneous Awakening Trial Safety Screen:

- No active cardiac ischemia
- No neuromuscular blockade
- No severe alcohol withdrawal
- No TBI or intracranial hypertension or active seizures
- Not on comfort care



Note: Any step can be repeated or skipped if clinically appropriate after discussion with team. If weaning not tolerated, rest patient on prior mode.

2

Spontaneous Awakening Trial

- Hold all sedatives except dexmedetomidine.
- PRN IV or oral medications may be administered if needed.

***If patient fails SAT, RN & RT to discuss next steps with MD. Patient may still be able to perform SBT on sedation.**

Failure if the following occur:

- Agitation not controlled by titrating dexmedetomidine or administering prn medication
- Respiratory rate > 35/min, SPO2 <88%, Respiratory distress, acute arrhythmia, HR increase 20% greater than baseline

3

Spontaneous Breathing Trial Safety Screen

- Hemodynamically stable:
  - SBP>90 and MAP >65
  - HR <110 and no new dysrhythmias
  - On stable or no vasopressors (not actively titrating pressors up)
- Sat >88% on Fio2 <= 50%
- PEEP <= 8
- RSBI <105

***If patient fails any of above, document reason SBT safety screen not met and do not proceed with SBT.**

4

Spontaneous Breathing Trial:

***Prior to SBT, RN to communicate with RT that patient is on/passing SAT**

- Place patient on PEEP 5 OR 100% tube compensation

Terminate trial if:

- RR >30 bpm
- Sat <= 88%
- HR increase 20% greater than baseline
- Sustained dysrhythmia
- BP change by 15mmhg
- Respiratory distress (accessory muscle use, diaphoresis, paradoxical respiration, nasal flaring)
- Severe agitation or anxiety unable to be controlled with titrating sedation/pain control
- Apnea > 30 seconds after 2 attempts (after further sedation hold if due to oversedation, or reduced VE if due to alkalosis/overventilation)

***After 30 minutes (pass or fail), put back on prior settings**

5

Extubation Safety Screen:

- Adequate cough and gag
- Mental status adequate
- No plans for OR that day
- Underlying cause of respiratory failure has been adequately addressed (resolved, stabilized, or improving)
- Perform cuff leak test. If negative cuff leak, notify MD.

***If above met, Call MD and get order to extubate by 0815 rounds**
***RT to document time of extubation, reason for not extubating if passed SBT**