

Protocol: Spontaneous Awakening Trial Protocol

Category	Clinical Practice
Date	September 2020
Due for review	September 2022

Applicable to							
<input checked="" type="checkbox"/> VUH	<input type="checkbox"/> Children's	<input type="checkbox"/> DOT	<input type="checkbox"/> VMG Off-site locations	<input type="checkbox"/> VMG	<input type="checkbox"/> VPH	<input type="checkbox"/> Other	
Team Members Performing							
<input type="checkbox"/> All faculty	<input checked="" type="checkbox"/> Faculty & staff & staff providing direct patient care or contact	<input checked="" type="checkbox"/> MD	<input checked="" type="checkbox"/> House Staff	<input checked="" type="checkbox"/> APRN/PA	<input checked="" type="checkbox"/> RN	<input type="checkbox"/> LPN	
<input type="checkbox"/> Other:							
Content Experts							
Liza Weavind, MD							

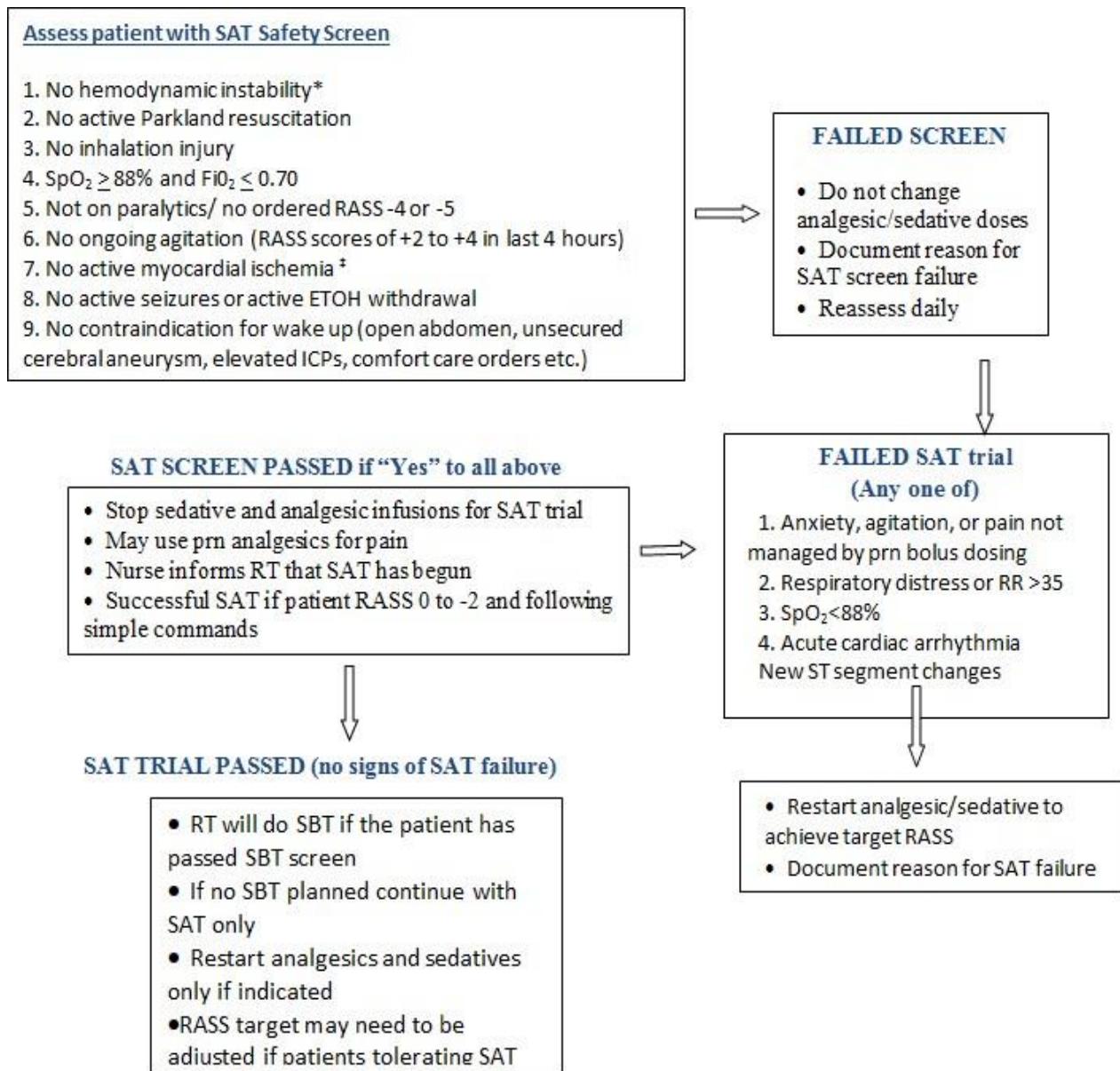
Table of Contents

I.	Population	2
II.	Assessment/Intervention Algorithm.....	2
III.	Definitions	3
IV.	Required Documentation	3

I. Population:

The following protocol applies to all intubated patients in the Burn ICU.

II. Assessment/ Intervention Algorithm:



III. Definitions

‡ No active myocardial ischemia: defined as a troponin > 0.2 µg/L

***No hemodynamic instability in the previous 4-6 hours:** defined as

- use of 2 concurrent vasopressors/inotropes or
- > 7.5 mcg/min norepinephrine or epinephrine or
- > 7.5 mcg/kg/min of dopamine or dobutamine

IV: Required Documentation:

1. Did the patient PASS a SAT Screen?
 - Yes
 - No
2. If No- why did the patient fail the SAT screen (choose one of following choices)
 - SAT Safety Screen
 - Hemodynamic instability in previous 4-6 hours*
 - Currently on Parkland Resuscitation
 - Inhalation Injury
 - SpO₂ < 88% and FiO₂ > 0.70
 - On paralytics or patients' ordered RASS was -4 or -5
 - Ongoing agitation (RASS scores of +2 to +4 in last 4 hours)
 - Current myocardial ischemia
 - Active seizures or ETOH withdrawal
 - Other contraindication for wake up (e.g. open abdomen, unsecured cerebral aneurysm, elevated ICPs, comfort care orders etc.)
3. If yes, was a SAT performed?
 - Yes
 - No
4. Did the patient pass SAT?
 - Yes
 - No
5. If No- reason for failed SAT
 - Anxiety, agitation, or pain
 - Respiratory distress or RR >35
 - SpO₂<88%
 - Acute cardiac arrhythmia
 - New ST segment changes