Protocol: Spontaneous Awakening Trial Protocol

Applicable to

☒ VUH ☐ Children’s ☐ DOT ☐ VMG Off-site locations ☐ VMG ☐ VPH ☐ Other

Team Members Performing

☐ All faculty & staff ☒ Faculty & staff providing direct patient care or contact ☒ MD ☒ House Staff ☒ APRN/PA ☒ RN ☐ LPN

Content Experts

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I. **Population:**

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

II. **Assessment/ Intervention Algorithm:**

**Assess patient with SAT Safety Screen**

1. No hemodynamic instability
2. No active Parkland resuscitation
3. No inhalation injury
4. SpO\textsubscript{2} $\geq$ 88% and FiO\textsubscript{2} $\leq$ 0.70
5. Not on paralytics/ no ordered RASS -4 or -5
6. No ongoing agitation (RASS scores of +2 to +4 in last 4 hours)
7. No active myocardial ischemia
8. No active seizures or active ETCH withdrawal
9. No contraindication for wake up (open abdomen, unsecured cerebral aneurysm, elevated ICPs, comfort care orders etc.)

**Failed Screen**

- Do not change analgesic/sedative doses
- Document reason for SAT screen failure
- Reassess daily

**SAT Screen Passed if “Yes” to all above**

- Stop sedative and analgesic infusions for SAT trial
- May use prn analgesics for pain
- Nurse informs RT that SAT has begun
- Successful SAT if patient RASS 0 to -2 and following simple commands

**SAT TRIAL PASSED (no signs of SAT failure)**

- RT will do SBT if the patient has passed SBT screen
- If no SBT planned continue with SAT only
- Restart analgesics and sedatives only if indicated
- RASS target may need to be adjusted if patients tolerating SAT

**Failed SAT trial (Any one of)**

1. Anxiety, agitation, or pain not managed by prn bolus dosing
2. Respiratory distress or RR $>$ 35
3. SpO\textsubscript{2} $<$ 88%
4. Acute cardiac arrhythmia
   - New ST segment changes

- Restart analgesic/sedative to achieve target RASS
- Document reason for SAT failure
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?
   o Yes
   o No

2. If No- why did the patient fail the SAT screen (choose one of following choices)
   • SAT Safety Screen
     o Hemodynamic instability in previous 4-6 hours*
     o Currently on Parkland Resuscitation
     o Inhalation Injury
     o SpO₂ < 88% and FiO₂ > 0.70
     o On paralytics or patients’ ordered RASS was -4 or -5
     o Ongoing agitation (RASS scores of +2 to +4 in last 4 hours)
     o Current myocardial ischemia
     o Active seizures or ETOH withdrawal
     o 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?
   o Yes
   o No

4. Did the patient pass SAT?
   o Yes
   o No

5. If No- reason for failed SAT
   o Anxiety, agitation, or pain
   o Respiratory distress or RR >35
   o SpO₂<88%
   o Acute cardiac arrhythmia
   o New ST segment changes