

Vanderbilt University Medical Center

SAT SBT Surgical ICU Management Guideline

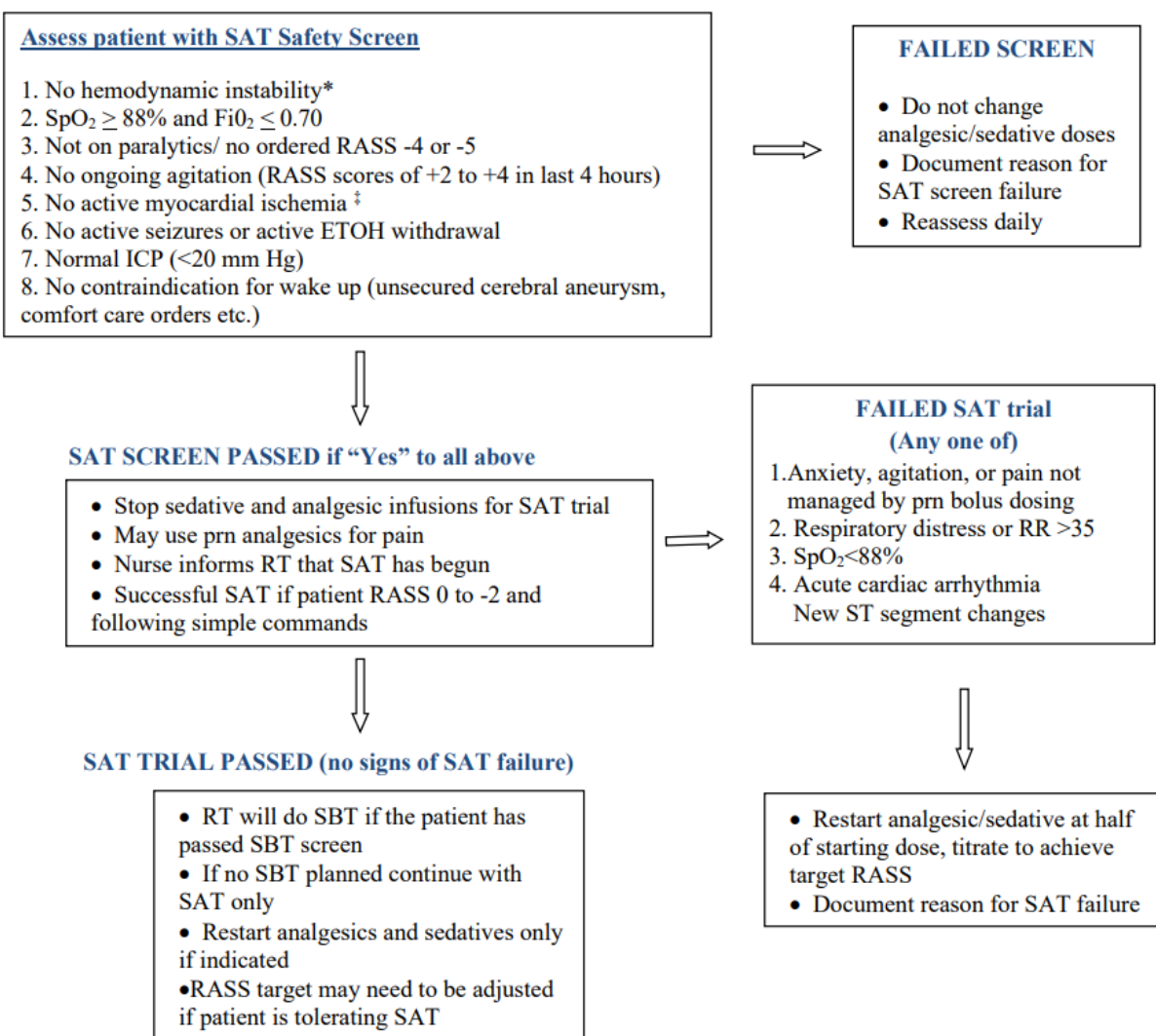
Clinical judgment may supersede guidelines as patient circumstances warrant

I. Population:

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

II. Assessment/Intervention Algorithm:

DAILY EVALUATION OF PATIENT FOR SPONTANEOUS AWAKENING TRIAL



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. Daily awakening trial performed?

- Yes
- No

2. On continuous analgesia or sedation?

- Yes
- No

3. Did patient pass the SAT safety screen?

- Yes
- No

4. Reason for failed safety screen

- Hemodynamically unstable
- SpO₂ <88%, FiO₂ >0.70
- On paralytic med
- Ordered RASS -4 or -5
- Ongoing agitation
- Current myocardial ischemia
- Active seizures
- ETOH withdrawal
- ICP >20
- Contraindicated

5. Was SAT performed? (If no, why)

- Yes
- No (annotate)

6. Did the patient pass the SAT?

- Yes
- No

7. If no, reason for failed SAT

- Anxiety
- Agitation
- Pain

- Respiratory distress
- RR >35
- SpO2 <88%
- Acute cardiac arrhythmia
- New ST segment changes