# **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 Assess patient with SAT Safety Screen FAILED SCREEN 1. No hemodynamic instability\* Do not change 2. SpO<sub>2</sub> $\geq$ 88% and FiO<sub>2</sub> $\leq$ 0.70 analgesic/sedative doses 3. Not on paralytics/ no ordered RASS -4 or -5 · Document reason for 4. No ongoing agitation (RASS scores of +2 to +4 in last 4 hours) SAT screen failure 5. No active myocardial ischemia ‡ · Reassess daily 6. No active seizures or active ETOH withdrawal 7. Normal ICP (<20 mm Hg) 8. No contraindication for wake up (unsecured cerebral aneurysm, comfort care orders etc.) **FAILED SAT trial** (Any one of) SAT SCREEN PASSED if "Yes" to all above 1. Anxiety, agitation, or pain not managed by prn bolus dosing · Stop sedative and analgesic infusions for SAT trial 2. Respiratory distress or RR >35 · May use prn analgesics for pain 3. SpO<sub>2</sub><88% · Nurse informs RT that SAT has begun 4. Acute cardiac arrhythmia • Successful SAT if patient RASS 0 to -2 and New ST segment changes following simple commands

· Restart analgesic/sedative at half

· Document reason for SAT failure

of starting dose, titrate to achieve

target RASS

# 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 patient is tolerating SAT

### III. **Definitions:**

<ul> <li>No active myocardial ischemia: defined as a troponin &gt; 0.2 μg/L</li> <li>*No hemodynamic instability in the previous 4-6 hours: defined as</li> <li>use of 2 concurrent vasopressors/inotropes or</li> <li>&gt; 7.5 mcg/min norepinephrine or epinephrine or</li> <li>&gt; 7.5 mcg/kg/min of dopamine or dobutamine</li> </ul>
IV. Required Documentation:
<ul><li>1. Daily awakening trial performed?</li><li>Yes</li><li>No</li></ul>

2. On continuous analgesia or sedation?

3. Did patient pass the SAT safety screen?

Hemodynamically unstableSpO2 <88%, FiO<sub>2</sub> >0.70

o Current myocardial ischemia

4. Reason for failed safety screen

On paralytic medOrdered RASS -4 or -5Ongoing agitation

Active seizuresETOH withdrawal

Contraindicated

o No (annotate)

6. Did the patient pass the SAT?

7. If no, reason for failed SAT
Anxiety
Agitation
Pain

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

 $\circ$  ICP > 20

o Yes

YesNo

YesNo

YesNo

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