Awakening and Ventilator Liberation Practice Guideline

(Applies to Patients ≥18 years old)



If fails screen,

re-assess in 24

hours

Awakening Trial (Nurse Led)

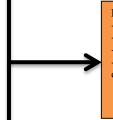
*started in AM by nurse

Awakening Screen

All patients except:

- -sedative infusion for status epilepticus or EtOH Withdrawal
- -escalating doses 2/2 agitation
- -neuromuscular blockade
- -evidence of increased ICP
- -acute MI in the past 24 hours
- -auto-PEEP ≥10 cm H20 -intra-aortic balloon pump or LVAD

If passes screen, discontinue all sedative and analgesic infusions



Fails Awakening Trial if:

- -sustained anxiety, agitation, or pain
- -RR >35 for >5 min or SpO2 <90% for >5 min
- -acute cardiac arrhythmia
- ->2 signs of respiratory distress (HR>130, HR<60, use of accessory muscles, abdominal paradox, diaphoresis,

If fails awakening, resume infusions at half prior dose and titrate for RASS goal

Ventilator Weaning Screen (Respiratory Therapy to Coordinate with Nursing) *when patient awake

Ventilator Weaning Screen

All patients who meet the following criteria:

- -O2 sat ≥90% or PaO2≥60 on FiO2 ≤50% and PEEP ≤8
- -spontaneous efforts with RR >8 or <35
- -cough and gag reflexes present
- -no agitation
- -no excessive suctioning needs
- -no acute MI in the past 24 hours
- -no significant vasopressors or inoptropes (dobutamine ≤5ug/kg/min, norepi ≤2ug/min or vaso)
- -no evidence of increased ICP

Exclude:

-myasthenia gravis patients until physician team orders

Obtain cuff leak data

- *lack of cuff leak should not exclude from SBT
- *lack of cuff leak should be discussed with team before extubation

-no status epilepticus

If passes screen, obtain weaning parameters



If RSBI ≤105 and SaO2 ≥90%, initiate spontaneous breathing trial

(T-piece, PSV 5/5/40-50% or trach collar trial)

*no need to notify physician team at this point

If RSBI >105 and SaO2 <90%. re-assess in 24 hours *document why failed

After 30 minutes of successful T-piece trial, notify physician team with recommendation to extubate

*physician to place order

Fails T-piece if:

- -RR > 35 or < 8
- -SpO2 < 90% for > 5 min
- -acute change in MS
- -acute arrhythmia
- -≥2 signs of respiratory distress (HR>130, HR<60, use of accessory muscles, abdominal paradox, diaphoresis, dyspnea)

If fails SBT, resume previous ventilator settings and re-assess in 24 hours (trach collar trials can be done twice daily)