## Ventilator Management & Spontaneous Awakening Trials (SAT)

**Nursing Education** 

## Summary

## FOR <u>ALL</u> Ventilated PATIENTS: Done *TWICE* a day, *EVERY* day!

DOCUMENTED UNDER "Critical Care Flow Record" → "Document ventilator Management"

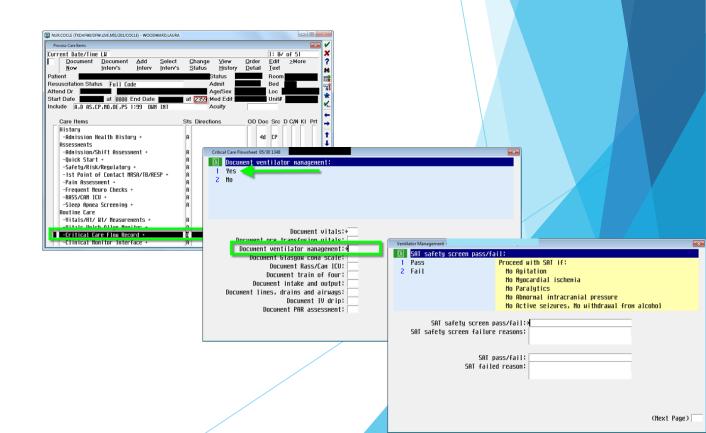
- 1. RN performs/documents "SAT Safety Screen"
  - ► Fail = STOP
  - Pass = continue w/ step 2



- 2. RN performs/documents "SAT"
  - ► Fail = STOP
  - Pass = continue w/ step 3



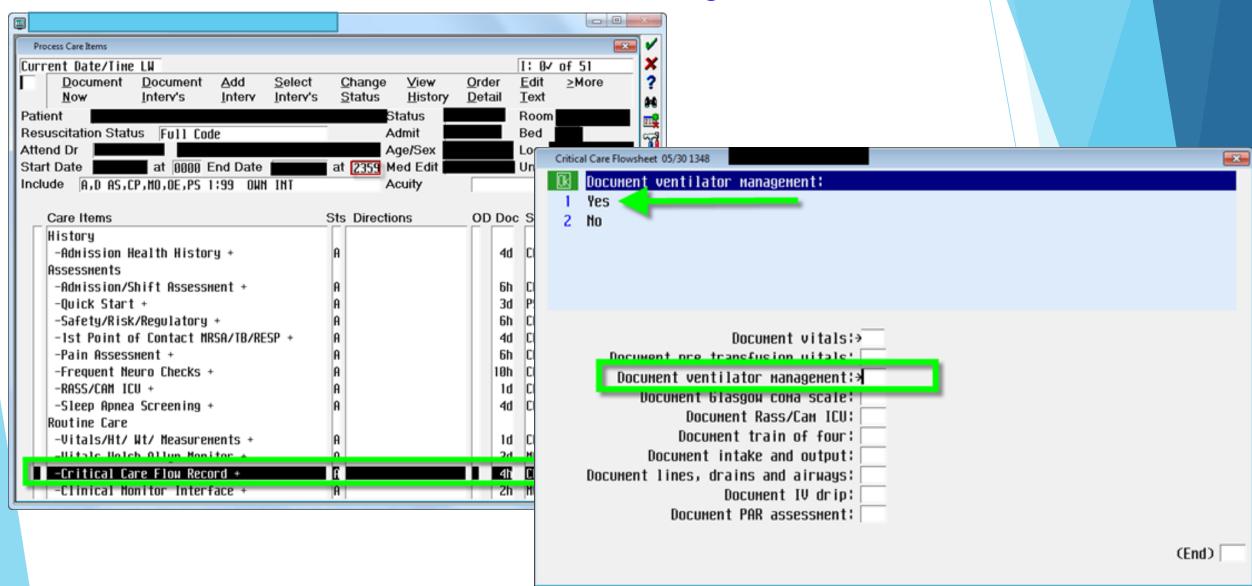
- 3. RT performs/documents "SBT"
  - Pass/Fail



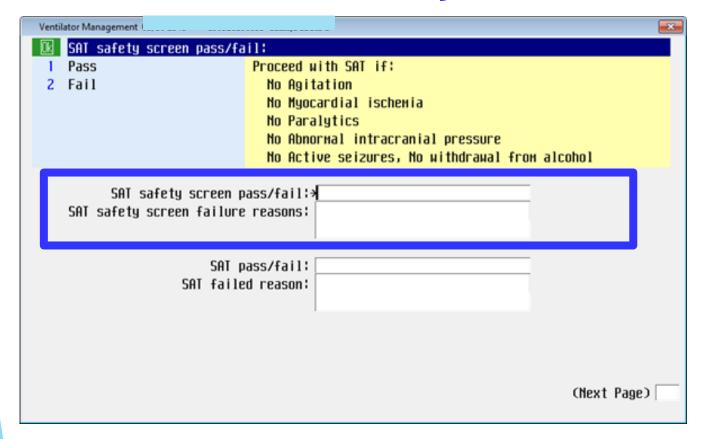
## **Details**

### Where to document?

Critical Care Flow Record → Document ventilator management



## RN: SAT Safety Screen



FAIL = \*STOP\* NO SAT (or SBT) @ this time NO NEED TO DOCUMENT ANY FURTHER

PASS = Proceed to SAT

## Assess if patient is a candidate for Spontaneous Awakening Trial (SAT)??

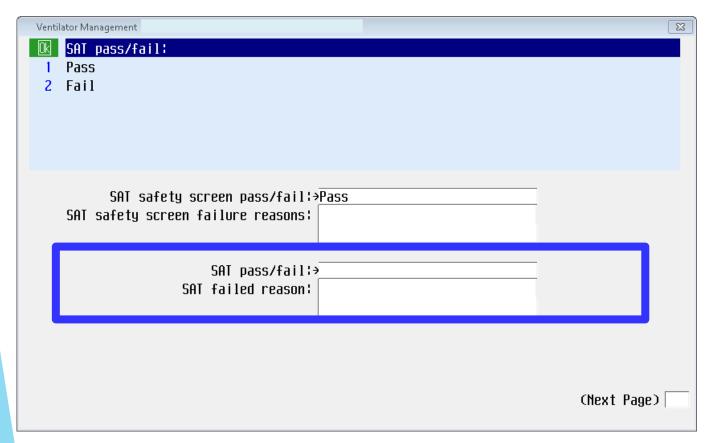
#### Fail = Not Ready for SAT:

Uncontrolled anxiety, agitation or pain & receiving escalating sedation/analgesia Respiratory rate > 35/min Acute cardiac dysrhythmia SpO2 < 88%

#### Pass = Ready for SAT:

No agitation
No myocardial ischemia
No paralytics
Normal intracranial pressure (if being measured)
No active seizures
No alcohol withdrawal

## RN: SAT



FAIL = \*STOP\* NO SBT @ this time

\*Resume sedatives at ½ original rate,
then titrate to RASS as ordered.\*

PASS = Proceed to SBT (\*Notify RT\*)

# Hold sedation to achieve RASS of 0 to +1 (Calm & Cooperative) In MOST patients, this means to STOP sedation.

Fail = Not Ready for SBT:

↑ agitation, pain (CPOT), anxiety
RR > 35
ACUTE cardiac dysrhythmias

Pass = Ready for SBT:
No Increased Tachycardia, Tachypnea,
Hypertension
No Decreased SpO2
Great!

Call the Respiratory Therapist to start SBT!