Appendix

Spontaneous Breathing Trial(SBT) Guideline Patient Sticker

Exclusion Criteria

GCS <8 Unsedated, use of neuromuscular drugs
Neuromuscular disease -with VC <20 ML/KG OR NIP <20
RASS Sedation and Agitation scale +1and higher, -3 and lower
Immediate pending invasive procedure
ICP >20 or needing RX in last 12hours

Weaning protocol can be bypassed if medical team believes timely extubation can be expedited

Ongoing cardiac ischemia
Uncontrolled Seizures

Daily Screening

Date	/ /	/ /	/ /	/ /	/ /
Assesss readiness for SBT (Should be done every morning)					
Off pressors (Except Norepinephrine <0.1MCG/KG/Min or equivalent)	Yes /No	Yes /No	Yes /No	Yes /No	Yes /No
Temp<38.4°C	Yes /No	Yes /No	Yes /No	Yes /No	Yes /No
FiO2 (≤40%) and Spo2>90%	Yes /No	Yes /No	Yes/ No	Yes/ No	Yes No
PEEP (≤8cmH_2O)	Yes/ No	Yes/ No	Yes No	Yes /No	Yes/ No
No Physician's order to hold weaning	Yes No	Yes/ No	Yes /No	Yes /No	Yes /No
Dr/ RT Initials					
Dr/RT Comment					

If Yes to All of the above, Sedation Vacation and SBT should be Initiated

On ongoing sedation vacation (for at least 30 minutes if on long acting sedative)?	Yes /No	Yes /No	Yes /No	Yes /No	Yes /No
Start Pressure Support (PS) of <10 and PEEP of 5	Yes /No	Yes /No	Yes /No	Yes /No	Yes /No

If patient passes SBT after 30 minutes, do ABG, check the extubation parameters and inform the physician
DR/RT Initials
Dr/RT Comment

Indication to Terminate SBT

Date	/ /	/ /	/ /	/ /	/ /
RR <8 or >35 for >5min- unless otherwise specified by physician	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
SpO2 <90% for >5min-unless otherwise specified by physician	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
20% HR increase or bradycardia <50 for >5 min-unless otherwise specified by physician	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Systolic BP >180 or <90 unless specified by the physician	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Signs of increased WOB (accessory muscle use, dyssyncrony with ventilator)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Agitation, anxiety, diaphoresis, chest pain	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
DR/RT Initials					
Dr/RT Comment					

**Please note if patient fails SBT, he or she can remain on pressure support with higher settings as a mode of ventilation

Extubation Parameters

Date	/ /	/ /	/ /	/ /	/ /
Minimal secretions	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Cough/Gag reflex present	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Positive leak test (>30%)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
GCS >8 or tracheostomy	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Acceptable blood gas results	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Dr/RT Initials
Dr/RT Comment
If patient passes SBT as well as all the Extubation Parameters, inform ICU physician for possible extubation
If patient passes SBT and has Tracheostomy in place, shift the patient to Humidified Tracheostomy mask

Extubation

Date	/ /	/ /	/ /	/ /	/ /
Extubated?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

if no- the reason why

If Yes
1) Written order by the physician
2) Humidified oxygen
3) ABG after 30minutes of extubation

If No
Place patient on settings as directed by physician
Dr/RT Initials
Dr/RT Comment

Failed Extubation

Re-intubated within 48 hours?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

if yes- the reason why?