**ICU Vent Weaning (SBT) Protocol Version 3 7/28/15**

After provider order for initiation of a protocol, nursing may place orders found within the protocol using the Policy/Protocol - No Esign Req order source.

**General**

Spontaneous Breathing Trial Criteria:

Not intubated or re-intubated in last 24 hours

MAP > 60 mmHg, Systolic BP > 90 mmHg and < 180 mmHg

If on Dopamine: rate < 5 microgram/kilogram per minute

FiO2 < /= 0.5

Minute Ventilation < 15 liter/minute

Core Temperature < 101 F during previous 12 hours

Spontaneous Breathing Trial:

Step 1: IF SBT criteria met: change PEEP to 5 cmH2O and turn off Pressure Support for 1 minute. If the rapid, shallow breathing index (frequency/tidal volume) is less than 105- proceed to Step 2 and 3

Step 2: Hold enteral feedings- coordinate with daily awakening

Step 3: Change PEEP to 5 cmH2O and Pressure Support to 5 cmH2O OR 100% tube compensation for 2 hours then proceed with weaning assessment UNLESS patient is on VS mode. If on VS mode with PIP less than 10 cmH2O for > 2 hours, proceed with weaning assessment

Assess and Document SBT Tolerance:

SBT Tolerance- Meets all of the following criteria:

a. Respiratory rate < 35

b. Oxygen saturation > 90%

c. Heart Rate < 140 beats/minute or sustained change < 20% of baseline in either direction

d. MAP < 60mmHg; SBP > 90mmHg or < 180 mmHg

e. Spontaneous tidal volumes > 4 ml/kg ideal body weight

f. Absence of Agitation or anxiety

g. No Diaphoresis

h. No Respiratory distress (paradoxical respirations)

i. No Angina

j. Patient complains of respiratory fatigue

SBT Intolerance- Meets any of the following criteria:

a. Respiratory rate > 35 breaths/minute

b. Oxygen saturation < 90%

c. Heart Rate > 140 beats/minute or sustained change > 20% of baseline in either direction

d. MAP < 60mmHg; SBP < 90mmHg or > 180 mmHg

e. Spontaneous tidal volumes < 4 ml/kg ideal body weight

f. Agitation or anxiety

g. Diaphoresis

h. Respiratory distress (paradoxical respirations)

i. Angina

j. Patient complains of respiratory fatigue

IF SBT Tolerated:

Check ABG and Notify Provider for extubation orders

IF SBT NOT Tolerated:

Place patient back on pre-trial ventilator settings

Document reason for failed SBT and vital signs