

(place patient label here)

Patient Name: \_\_\_\_\_



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate: Orders with pre-checked box  will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

## 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