

Spontaneous Awakening Trial (SAT): ICU Practice Guideline (2/20/13)

Clinical Goal: To minimize sedation in mechanically ventilated patients, while maintaining adequate pain control.

Step 1: RN to perform SAT Safety Screen prior to sedation lightening process. Clinical criteria that may be unsafe for SAT:

- Active seizures
- Alcohol withdrawal
- Agitation: RASS \geq +2 on agitation assessment
- Paralytics
- Myocardial ischemia or cardiac hypothermia
- Abnormal intracranial pressure
- Known complicated airway
- Hemodynamic instability
- Open chest and/or abdomen

Criteria present: Stop, discuss with Intensivist team and reassess every 24 hours.

Criteria lacking: Proceed to step 2. Notify MD and ICU RT on awakening plan.

Step 2: RN to perform SAT after 0800 physical assessment. RN to complete, document and present SAT findings to Intensivist team on clinical rounds. Include RASS and CMA+ or -.

1. Stop all sedative agent drips; hold all sedative PRN bolus doses
2. Assess and actively manage acute pain—do **NOT** stop analgesia. If patient remains sedate after sedative agents are stopped, titrate narcotic administration accordingly to attain awakening and adequate pain assessment.
3. Assess neurologic status
4. Perform CAM-ICU

Fail—STOP SAT process. Recommendation for sedation management: Manage anxiety with PRN dosing acutely. Suggest restarting sedatives at ½ previous drip dose if needed. If sedation needs are required beyond PRN dosing and ½ previous drip dosage, discuss findings with Intensivist team.

SAT failure criteria:

- Sustained anxiety, agitation: RASS \geq +2
- Respiratory distress for greater than 5 minutes; rate \geq 35/min
- O₂ saturation \leq 88% for greater than 5 minutes
- Acute cardiac arrhythmia
- New onset diaphoresis
- Increased ICP

Pass—Patients open eyes to verbal stimuli and follow simple commands (i.e. squeeze hand, track with eyes, stick out tongue) and lack SAT failure criteria →

Proceed to UCH Spontaneous Breathing Trial/Ventilator weaning protocol process.

Girard TD, Kress JP, Fuchs BD, et al. (2008) Efficacy and safety of a paired sedation and ventilator weaning protocol for mechanically ventilated patients in intensive care (awakening and breathing controlled trial): a randomized controlled trial. *Lancet*. 371: 126-34.