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 ≥ +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 ≥ +2
- Respiratory distress for greater than 5 minutes; rate ≥ 35/min
- O2 saturation ≤ 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.