Daily Wake Up Plus BEST

(Breathing to Extubate Spontaneous Trial)

(To occur for endotracheally intubated patients: 4E/4W between 0330-0430; MICU between 0800-0930)

Step 1- Conduct Safety Screen

CNS	Brain death, ICP > 15, suspected high ICP or difficulty controlling ICP, Status Epilepticus, Delirium Tremens, Induced Hypothermia, Barbituate Coma
NMB	Neuromuscular blockade
HPTS	Significant hemoptysis (significant amounts of blood from ETT or tracheostomy)
GIB	Active GI bleed with hemodynamic instability or hematocrit drop
MI	ECMO or evolving MI
PRSR	On pressors (dobutamine > 5 mcg/kg/min, Dopamine > 5 mcg/min or Norepinephrine > 0.1 mcg/kg/min; epinephrine > 0.1 mcg/kg/min)
ARWY	Unstable/unsafe airway
BP	MAP < 60 torr or NOT at MD goal
FIO_2	FiO_2 > .50 % (0.5)
DP	Drive Pressure > 25 cm (High PEEP-low PEEP if on BiLevel)
PEEP	PEEP > 7 cm H_2O
V_E	V_E > 15 L/min
HFOV	High Frequency Oscillator Ventilation or proning
MD	MD Cancels (Note reason on patient chart)

FAIL → Continue mechanical ventilation and narcotic/sedative infusions per sedation protocol. Re-evaluate at least twice daily

PASS ↓

Step 2 – Adjust Sedation to minimum RASS < -1 to 0
Stop Benzodiazepine Infusion, Propofol, Precedex and Ketamine
Decrease Narcotic Infusion by 50%

Step 3 – Verify patient has underlying respiratory rate (minimum 6/min by waveform analysis)

FAIL → Back to Step 3 Resume mechanical ventilation at prior settings (if altered) **Call MD** for FAIL assessment

PASS ↓

Step 4 – Wean FiO2, RR, PSV and PEEP to Spontaneous Breathing Trial (SBT):
PSV= 5cm$H_2$0, PEEP= 5 cm$H_2$0, Rate=0 FiO_2= 0.4
(For ETT 7mm or less, PSV of 5cm and PEEP 5cm)
Nursing / RT staff perform ongoing patient assessment→continue 30 min not to exceed 120 min unless EXIT criteria are met **during SBT**
Record **time, vital signs, SpO_2, RSBI, and $ETCO_2$**

FAIL → Back to Step 3 Resume mechanical ventilation at prior settings (if altered) **Call MD** for FAIL assessment

PASS ↓

Step 5 :
Follow Complex Command*
Record Time, Sedation Score and Amount of Medication.

FAIL → Back to Step 3 Resume mechanical ventilation at prior settings (if altered) **Call MD** for FAIL assessment

PASS ↓

Step 6 –
Obtain NIF, FVC ,test for cuff air leak
Call MD for possible extubation
Record patient outcome (extubation or resumption of mechanical) ventilation based on EXIT criteria),

EXTUBATE
If not extubated record **reason** why not and Re-vent & Re-sedate.

EXIT → **Re-vent & Re-sedate**
1. Resume mechanical ventilation at prior settings.
2. Restart sedation and narcotics at 50% initial rate and adjust as needed.
3. Notify MD

EXIT Criteria

SOB	Use of accessory muscles, nasal flaring present, subjective dyspnea
S_PO_2	SpO_2 < 92% (altitude adjusted)
↑ RR	Respiratory Rate > 40 for more than 5 min
↑ HR	Tachycardia (HR 25 bpm > baseline)
↓HR	Bradycardia (HR < 50)
↑ BP	Hypertension (SBP 40 mmHg > baseline)
↓BP	Hypotension (SBP < 90 mmHg)
RTHM	New or worsening arrhythmia
DNGR	Dangerous behaviors (e.g. won't stop pulling at tubes/lines, unrestrainable, significant agitation or anxiety unresolved with reassurance)
SBTX2	Failed SBT after awake
OTHR	Note other reason

Examples of complex commands:*
Show me the thumb on your right hand.
Show me two fingers on your left hand.
Stick out your tongue two times.
Wiggle your toes. Wiggle your toes again.

Pass without Extubation Reasons

WET	Fluid overload
SECR	Secretions
MS	Mental Status
SED	Oversedated
ARWY	Unstable, unsafe, swollen airway
PCDR	Imminent/awaiting procedure
FMLY	Family Issues
OTHR	No reason above applies

Do not file in Medical Record after Discharge

Patient Name: Patient Identification #:

UFHealth SHANDS

Revised 11/23/16
PS97920