**Spontaneous Awakening Trial**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total # Vented Patients: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total # SAT completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total # SAT failures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Room**  | **Account #** | **SAT Screen** | **SAT** |
|  |  | Pass | Fail (Document Reason for Screen Fail – See Table 1) | Pass | Fail (Document Reason for SAT Fail – See Table 2) |
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| **Reason for Screen Fail - Table 1**  | **Reason for SAT Fail – Table 2** |
| 1. Active seizures present
2. Inadequately managed EtOH withdrawal (despite PRNs)
3. Current agitation
4. Paralytics
5. Active myocardial ischemia
6. Doesn’t meet -Pa02/Fi02 >150 and require lung protective lung protective measures (ARDS)
7. Profound hemodynamic instability (NE<0.5, lactate<5)
8. Open abdomen
9. Abnormal ICP
 | 1. Agitation uncontrolled with PRNs
2. RR >35/min
	* SpO2<88% with a 10% increase in FiO2 or FiO2>50%
3. Respiratory distress despite attempts at ventilator synchrony
4. Acute cardiac arrhythmias
5. Pain uncontrolled with PRNs (then restart opioid infusion only)
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Thanks to Fraser Health ARH respiratory therapy leadership team for the template.