

DAILY SPONTANEOUS BREATHING TRIAL WORKSHEET

(DO NOT PLACE IN PATIENT RECORD)

Screen MV Patients Daily at 7:30-9:30am & 7:30-9:30pm.
Is Sedation Level 3 or less?Do not start SBT.
Address sedation
with PICU team

NO

YES

No neuromuscular blockade in past 60 minutes?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Respiratory Rate Normal for Age? • <6 mo: <60 breaths/min • 6 mo to 2 yrs: <45 breaths/min • 2-5 yrs: <40 breaths/min • >5 yrs: <35 breaths/min	<input type="checkbox"/> YES <input type="checkbox"/> NO
O2 sat $\geq 95\%$ on ≤ 0.5 FIO2 in patient without congenital heart disease or patients with an <u>acyanotic</u> heart defect OR O2 sat ≥ 75 on ≤ 0.3 FIO2 in patients cyanotic congenital heart disease	<input type="checkbox"/> YES <input type="checkbox"/> NO
PEEP ≤ 5	<input type="checkbox"/> YES <input type="checkbox"/> NO
Peak Inspiratory Pressures ≤ 30	<input type="checkbox"/> YES <input type="checkbox"/> NO
pH > 7.35 if ABG or VBG available	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hemoglobin ≥ 7	<input type="checkbox"/> YES <input type="checkbox"/> NO
RN aware of SBT and readily available to monitor patient?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If all checks are YES, begin SBT for **TWO HOURS****Settings:** CPAP/PS matching current PEEP and a PS level based on ETT size
(ETT size 3.0-3.5 = PS of 10 cm H₂O; 4.0-4.5 = PS of 8 cm H₂O; ≥ 5.0 = PS of 5 cm H₂O).****May titrate to a PS of 5 if patient tolerates initial PS setting for 1 hour.****

Set FIO2 to current level

If any checks are NO, do NOT begin SBT and discuss with PICU team.Is Patient Tolerating The Spontaneous Breathing Trial?

If SBT not performed despite meeting screening criteria, Why?:

Tidal Volume ≥ 5 ml/kg?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Respiratory Rate Normal for Age?	<input type="checkbox"/> YES <input type="checkbox"/> NO
No increase in Heart Rate by Greater than 20%?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Absence of:	
• Diaphoresis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Accessory Muscle Use/Nasal Flaring?	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Apnea with Ventilator Backup Rate?	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Desaturation (<95% in <u>Acyanotic</u> CHD or >5% decrease from baseline in Cyanotic Heart Disease)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Abort by RN? Why?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ETCO ₂ increase <10 from baseline?	<input type="checkbox"/> YES <input type="checkbox"/> NO

POST-SBT

Obtain blood gas sample, resume previous ventilator settings, and inform PICU team.

IF ORDER TO EXTUBATE NOT GIVEN, PLEASE DOCUMENT REASON

- Upcoming Surgery or Study (i.e. MRI) Past 7pm No provider available to monitor extubation
 Excessive suctioning Attending Physician preference Other: _____

COMMENTS: _____