

SANDWICH Checklist



Have you set a COMFORT target?



Have you discussed sedation management & COMFORT trends?



Have you discussed ventilation management & set ventilation goals?



Have you reviewed the Bedside Screen?



Is the patient ready for an SBT?

Is the patient ready to extubate?

Setting COMFORT targets

FLACCS < 4

Issue is SEDATION

Consider increasing/adapting Sedation

FLACCS > 4

Issue is PAIN

Consider increasing/adapting Analgesia

COMFORT score too high. Complete pain score eg. FLACCS, CRIES to differentiate source of high score. Modify sedation and/or analgesia as recommended.

Behavioural

COMFORT

10

FLACCS < 4

Patient is comfortable

Optimal level of sedation for patients to breath up, cough spontaneously, respond to environment but not be distressed / agitated / pulling lines or tubes etc

FLACCS < 4

Consider Weaning Sedation

Moderately suppressed reflexes- Slightly more sedate, less response to environment/stimuli but continues to trigger vent & cough to stimulation eg. Bronchiolitics

Patient is **OVER SEDATED** Wean Sedation

Very heavily sedated- not likely to trigger vent or cough spontaneously. Not responsive to environment or stimuli eg. Traumatic brain injury, **ECMO**

Spontaneous mode of ventilation

PEEP of **5cm** H20 & Pressure Support of **5cm** H20 above PEEP



SANDWICH Checklist



Has your patient been set a COMFORT target?



Have you assessed your patient's COMFORT score regularly?



Have you completed the Bedside Screen this shift?



Is your patient ready for a SBT?



Is your patient ready to extubate?





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Setting COMFORT targets

FLACCS < 4

Issue is SEDATION

Consider increasing/adapting Sedation

FLACCS > 4

Issue is PAIN

Consider increasing/ adapting Analgesia

COMFORT score too high. Complete pain score eg. FLACCS, CRIES to differentiate source of high score. Modify sedation and/or analgesia as recommended.

12-17

Behavioural

COMFORT

0-12

< 10

FLACCS < 4

Patient is comfortable

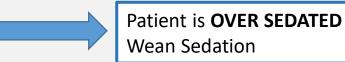
Optimal level of sedation for patients to breath up, cough spontaneously, respond to environment but not be distressed / agitated / pulling lines or tubes etc



FLACCS < 4

Consider Weaning Sedation

Moderately suppressed reflexes- Slightly more sedate, less response to environment/stimuli but continues to trigger vent & cough to stimulation eg. Bronchiolitics



Very heavily sedated- not likely to trigger vent or cough spontaneously. Not responsive to environment or stimuli eg. Traumatic brain injury, ECMO

Spontaneous mode of ventilation

PEEP of **5cm** H20 & Pressure Support of **5cm** H20 above PEEP