

Minimum Spontaneous Breathing Trial (SBT) Screen: <u>at least once</u> during the **Day shift** & <u>at least once</u> during the **Night shift**.

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Date		23/3	23/3	24/3	24/3	25/3	25/3	25/3	26/3				
Time of screen	e.g.	0600	1300	0500	1200	0430	0600	1400	0600				
24 HR clock	0600 &												
COMFORT Target	1300		<10	<10	12-17	12-17	12-17	12-17	12-17				
for shift		N/A	<10	10	12-17	12-17	12-17	12-17	12-17				
	Aim												
	AIIII	<95											
SpO2	≥ <u>95</u>	ed <	\checkmark	~		\checkmark	\checkmark	\checkmark					
	< <u>95</u>	ax											
	≤0.45	Relaxed	✓	~	✓	~	~	~	✓				
FiO2	>0.45	1											
	≤ 22	Muscle	✓	✓	✓	✓	✓	~	✓				
PIP	> 22	Σ́											
	≤ 8	-8- -	\checkmark	~	✓	\checkmark	\checkmark	\checkmark	✓				
PEEP	> 8	3											
	Y	H H			\checkmark		\checkmark	\checkmark	\checkmark				
COUGH	N	v	\checkmark	v		✓							
Fitness for SBT	Y/N												
relayed to SENIOR staff		N	Ν	Y	Y	Y	Y	Y	Y				
If suitable for SBT,	Y/N								V				
was it carried out? If NO why? (enter		N/A	N/A	N/A	Ν	N/A	Y	Y	Y				
number, see below)					5								
SBT start time 24HR													
clock							06.20	15.00	0800				
SBT finish time 24HR							07.00	47.00	0000				
clock							07.00	17.00	0900				
SBT successful?	Y/N						N	Y	У				
If SBT successful, did	Y/N			1				İ					
patient extubate? If NO why? (enter								N	У				
number, see below)								6/7					

Please use the following criteria to identify why a patient has not progressed to a Spontaneous Breathing trial if they meet the screening criteria <u>OR</u> if they have a successful Spontaneous Breathing Trial and do not progress to extubation.

Failure to Commence SBT/ Extubate Key

- 1- Neuromuscular weakness
- 2- Low consciousness: sedation or neurological
- 3- Airway protection reasons: secretions, oedema
- 4- High haemodynamic support
- 5- Expected return to theatre
- 6- Limited staff resources
- 7- Too late in the evening
- 8- Other (please specify over)

Bedside Record Example HFOV V1.0 Final 22th Feb 2019



Date & Time							
24/3/18	5- Planned returned to theatre on afternoon list.						
@1200							
25/3/18	Too sedate. Raised EtCO2. Respiratory rate 10-12. Reviewed by Doctor returned to a SIMV mode &						
@0700	morphine reduced further.						
25/3/18	6/7- Limited medical cover after 5pm. On call cover tied up with another emergency. Advised to						
@1400	wait until medical cover available						
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