An SBT should be conducted following a Bedside Screen Pass and an extubation should occur following a successful SBT unless there is a legitimate clinical indication not to…

There may be legitimate reasons why you cannot progress a patient to an SBT when they pass a Bedside Screen or why you cannot extubate a patient when they have successfully completed an SBT. If this is the case please indicate a reason from the key provided.

SANDWICH

1- Neuromuscular Weakness

Does the patient have an underlying condition that causes a neuromuscular weakness? Do they have a short term muscular atrophy which is preventing them from safely attempting an SBT/Extubation?

2- Low consciousness

Sedation: is the patient too sedate (*very low GCS*) to breath up for an SBT? Are they too sedated to protect their own airway if extubated? *If over sedation is the cause of NOT starting an SBT/extubating* ***do something about it****!*

Neurological: Does the patient have an underlying neurological condition which prevents them from breathing up, coughing effectively, protecting their own airway? Eg. Post ictal, seizure management, encephalopathy, traumatic brain injury.

****** please remember a patient with a COMFORT Score of 12 or more (Green Zone) can safely extubate. You may also decide to extubate a patient with a low conscious level if you do not anticipate this being reversed ******

3- Airway Protection Reasons

Oedema: airway oedema may be due to airway surgery, viral/bacterial tracheitis or as a result of inflammation associated with the ET tube. These patients will frequently pass the Bedside screen & SBT but may not be fit to extubate if there is not sufficient leak.

Please consider methods of management of airway swelling & do something about it*!*

Secretions: Has the patients' underlying respiratory condition resolved enough to allow them to manage their secretion load when extubated? In patients with an underlying condition which causes a weakened or absent cough you may feel an additional period of intense physio with the ET tube in situ would benefit the patient.

Think- can the patients' secretions be managed as well while on NIV, introduce cough assist, increased physio frequency or with drug therapy.

Failure to Commence SBT/ Failure to 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/trip to scan/in house procedure requiring anaesthetic
6- Limited staff resources
7- Too late in the evening
8- Other (please specify over)

4- High Haemodynamic Support

Does the patient have an underlying condition (cardiac lesion, myocarditis, sepsis) that causes a significant haemodynamic instability? Do they have a requirement for significant levels of inotropic support? Are they an ECMO patient on rest ventilation settings.

– patients may pass the Bedside screen +/- SBT but you may feel it is not be in their best interest to put them under the stress of an SBT/extubation if the result would be worsening haemodynamic instability.

5- Expected Return to Theatre

Encompasses **any procedure that requires an anaesthetic** – return to theatre, trip to scan, insertion of line/ drain or removal of line/drain, skin or muscle biopsy, sternal closure. *Generally a planned procedure within 48 hours is acceptable, over 48hrs consider is it in the patients' best interest to remain intubated until the planned procedure, can the extubate and reintubate at a later date for the procedure?*

6- Limited Staff Resources

Limited staff resources indicates a shortage of appropriate staff for a number of reasons, for example- emergency ongoing in dept/hospital preventing discussion or progression for patient e.g.. Pass screen but cannot get decision to commence SBT OR passes SBT but cannot get a decision to extubate as appropriately qualified staff unavailable for discussion. Doubled up on ventilated patients so cannot observe multiple SBTs at the same time.

7- Too Late in the Evening

In certain circumstances extubation late in the evening or during night shift hours may not be advisable due to insufficient medical resources competent to reintubate should the patient deteriorate overnight. Eg. High risk airway, difficult initial intubation, airway anomaly.

8- Other

If a decision is made not to progress to an SBT following a Bedside Screen pass or not to extubate following a successful SBT for a reason not in the key above please document '8' and write a clear explanation of circumstances on the notes section of the record sheet.