How to perform a spontaneous awakening trial (SAT)

**Assess Suitability**
- SAT is suitable for most ICU patients
- Do not perform SAT in the following patients:
  - Raised ICP
  - Current use of NMBs
  - Intubated for status epilepticus
  - ARDS
  - Myocardial ischaemia in last 24 hours

**Stop all sedative infusions**
- Continue analgesia provided for active pain

**Observe patient for signs of distress**
- Stop the SAT and restart sedative infusions if the following occur (e.g.):
  - Respiratory rate > 35 for over 5 minutes
  - Desaturation to 88% or less for over 5 minutes
  - Significant dysrhythmias, tachycardia or bradycardia
  - Laboured breathing, sweating or other evidence of patient distress
  - Agitation
  - Observe for up to 4 hours

**Restart sedative infusions at 50% of previous rate, then titrate as required to achieve target RASS**
- If patient remains calm and stable after 4 hours, do not restart sedative infusions. Continue to monitor the patient closely and proceed with spontaneous breathing trial (SBT)