Spontaneous Awakening Trials: Changing the Culture of Ventilator Weaning

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What we do to patients not what we do for them
Intubation greater than 48 hours
PTSD and delirium after ICU admission in relation to sedation and mechanical ventilation
Kress, Ely and Gerard: Pioneers

ABCDEF bundle created by the researchers at Vanderbilt University in collaboration with the Society of Critical Care Medicine
Inter-professional process for ventilator weaning
Goals
- Break the cycle of over-sedation and prolonged ventilation
- Improve long term cognitive and functional outcomes
- Reduce mortality
(ICUdelirium.org, 2015)

Standardize communication and collaboration between team members:
- Physician
- Nurse
- Respiratory therapist
- Physical therapist/Occupational therapy
- Pharmacist
- Dietician

Focus on the “awake” foundation of the bundle
Change the current practice of ventilator weaning
Use limited sedation
RASS target score –1 to 0
Patients have the ability to be awake for weaning and participate in their recovery

Kurt Lewin’s change theory
- Unfreeze–change–refreeze
VARK Learning Strategies
- V= Visual
- A= Aural
- R= read/write
- K= kinesthetic

Research Significance
Background

Framework

(Vink, S., 2008)
Gaps Analysis

- RASS scores inconsistent between documented and observed scores
- Spontaneous Breathing Trials (SBT) performed without Awakening Trials (SAT)
- Room condition dark during “awake” periods of the day
- RASS score outside target of -1 to 0 for SBT
- Patients not awake

Method/Design

- Multi-educational teaching strategy
  - 30 minute teaching sessions/spontaneous awakening trials and sedation use
  - Posters for reference
  - Champions
  - Music video creation using champions and early adopters from both intensive care units
  - Uniquely offered to RN, RT and PT staff concurrently
  - RASS Competency
  - Bedside clinical support

Awake is the Key

![Image](1)

Awake

- RASS -1 to 0 which indicates the ability to keep eyes open for 10 seconds or greater and follow simple commands
- Ultimately
  - Decrease vent days, ICU and hospital days
  - Reduce incidence of delirium and muscle deconditioning
  - Increase ability to participate in recovery
  - Increase potential of returning patient to previous state of wellness (ICUdelirium.org, 2015)

Evaluation

- 4 weeks
- Communication between RN and RT/ RN and PT
- Bedside observation of RASS and sedation use during weaning
- Therapy delivered while ventilator assisted
- RASS validation and charting

Results

![Graph](1)
Implications

- Hard wiring and sustainability
- Bedside support
- EHR changes
- Changes in order sets
- Rounds
- Inter-professional collaboration

Reference


Check out

- ICUdelirium.org
- AACN.org
- ICUliberation.org