Daily Wake Up Plus BEST
(Breathing to Extubate Spontaneous Trial)
(To occur for endotracheally intubated patients: 4E/4W between 0330-0430; MICU between 0800-0930)

Step 1 – Conduct Safety Screen
CNS Brain death, ICP > 15, suspected high ICP or difficulty controlling ICP
Status Epilepticus, Delirium Tremens, Induced Hypothermia, Barbiturate Corna
NMB Neuromuscular blockade
HPTS Significant hemoptysis (significant amounts of blood from ETT or tracheostomy)
MI ECMO or evolving MI
PRSR On pressures (dobutamine > 5 mcg/kg/min, Dopamine > 5 mcg/min or Norepinephrine > 0.1 mcg/kg/min; epinephrine > 0.1 mcg/kg/min)
ARWY Unstable/unsafe airway
BP MAP < 60 torr or NOT at MD goal
FIO2 FiO2 > .50 % (0.5)
DP Drive Pressure > 25 cm (High PEEP-low PEEP if on BiLevel)
PEEP PEEP > 7 cm H2O
Vc > 15 L/min
HFOV High Frequency Oscillator Ventilation or proning
MD MD Cancels (Note reason on patient chart)

PASS

FAIL

Continue mechanical ventilation and narcotic/sedative infusions per sedation protocol. Re-evaluate at least twice daily

Step 2 – Adjust Sedation to minimum RASS < -1 to 0
Stop Benzodiazepine Infusion, Propofol, Precedex and Ketamine
Decrease Narcotic Infusion by 50%

Step 3 – Verify patient has underlying respiratory rate (minimum 6/min by waveform analysis)

FAIL

PASS

EXIT

Step 4 – Wean FiO2, RR, PSV and PEEP to Spontaneous Breathing Trial (SBT):
PSV= 5cmH2O, PEEP= 5 cmH2O, Rate=0 FiO2= 0.4
(Needs ETT 7mm or less, PSV of 5cm and PEEP 5cm)
Nursing / RT staff perform ongoing patient assessment--continue 30 min not to exceed 120 min unless EXIT criteria are met during SBT
Record time, vital signs, SpO2, RSBI, and ETCO2

FAIL

PASS

EXIT

EXIT

Back to Step 3
Resume mechanical ventilation at prior settings (if altered)
Call MD for FAIL assessment

Step 5 : Follow Complex Command*
Record Time, Sedation Score and Amount of Medication.

FAIL

PASS

EXIT

EXIT

EXIT

EXIT

Examples of complex commands:**
Show me the thumb on your right hand.
Show me two fingers on your left hand.
Stick out your tongue two times.
Wiggle your toes. Wiggle your toes again.

Step 6 – Obtain NIF, FVC , test for cuff air leak
Call MD for possible extubation
Record patient outcome (extubation or resumption of mechanical) ventilation based on EXIT criteria.

PASS

FAIL

EXIT

EXIT

EXIT

EXIT

EXTUBATE

If not extubated record reason why not and Re-vent & Re-sedate.

Do not file in Medical Record after Discharge

Patient Name:   Patient Identification #:  

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Examples of Exhbitation Reasons
WET Fluid overload
SECR Secretions
MS Mental Status
SED Oversedated
ARWY Unstable, unsafe, swollen airway
PCOR Imminent/awaiting procedure
FHL Family Issues
OTH No reason above applies

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Steps 1-6, EXIT, and DO NOT file in Medical Record after Discharge

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