

Introduction of a Sedation Management Tool on Sedation Holds & Spontaneous Breathing Trials

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Background

It is known that daily interruption of sedatives reduce the duration of mechanical ventilation without compromising patient comfort or safety¹ & spontaneous breathing trials reduce the duration of mechanical ventilation in acute respiratory failure² however sedation holds & spontaneous breathing trials are not always performed.

Initial Audit & Results

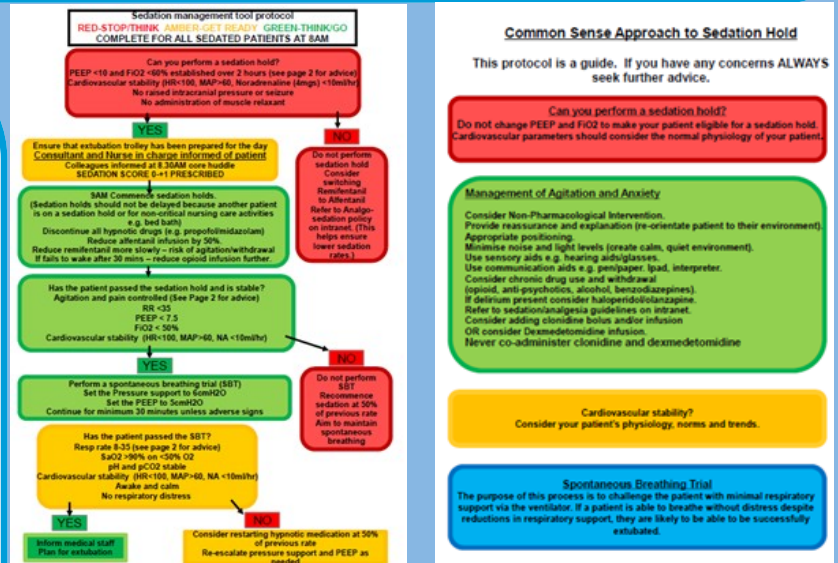
Baseline audit in January 2017 of 20 intensive care beds on 7 days demonstrated that only 36% (12/33) of eligible opportunities for sedation holds were performed & no spontaneous breathing trials were conducted despite 12 suitable opportunities

Barriers to Change

Working patterns. Including breaks & care activities

Safety concerns of more than one hold synchronously

Equipment preparedness



Results

Ongoing audit of sedation holds & spontaneous breathing trials have demonstrated that in October 2017 84% (72/86) of patients deemed suitable received an appropriate sedation hold and 97% (64/66) of those eligible received a spontaneous breathing trial.

Conclusions

There has been a demonstration of improvement in sedation hold & spontaneous breathing trial compliance with a change in attitude to sedation. There remains ongoing concern regarding safety around communication and re-intubation rates. Future work is to focus on ongoing revision of progress, communication, refinement of flowchart and nurse led weaning

References:

1. Kress JP, Pohlman AS, O'Connor MF, Hall JB. Daily interruption of sedative infusions in critically ill patients undergoing mechanical ventilation. *New England Journal of Medicine* 2000; 342(20):1471-7
2. Girard TD, Kress JP, Fuchs BD et al. Efficacy and safety of a paired sedation and ventilator weaning protocol for mechanically ventilated patients in intensive care (Awakening and Breathing Controlled trial): a randomised controlled trial. *Lancet* 2008; 371 (9607):126-34