Wake Up and Breathe Protocol
Spontaneous Awakening Trials (SATs) + Spontaneous Breathing Trials (SBTs)

Decrease ventilator days, length of ICU and hospital stays, and mortality rates by pairing SATs (daily sedation interruption) with SBTs in patients who are mechanically ventilated. Here’s how.

**SAT Safety Screen:**
- No active seizures
- No alcohol withdrawal
- No agitation
- No paralytics
- No myocardial ischemia
- Normal intracranial pressure

**SAT Failure:**
- Anxiety, agitation, or pain
- Respiratory rate >35/min
- Oxygen saturation <88%
- Respiratory distress
- Acute cardiac arrhythmia

**SBT Safety Screen:**
- No agitation
- Oxygen saturation ≥88%
- FiO₂ ≤50%
- PEEP ≤7.5 cm H₂O
- No myocardial ischemia
- No vasopressor use
- Inspiratory efforts

**SBT Failure:**
- Respiratory rate >35/min or <8/min
- Oxygen saturation <88%
- Respiratory distress
- Mental status change
- Acute cardiac arrhythmia

**Awake Indicators**
(including but not limited to any of the following):
- Eyes open in response to voice
- On request:
  - Eyes follow
  - Squeezes hand
  - Sticks out tongue

Adapted with permission from Vanderbilt University