Identify underlying process as soon as possible/reasonable after initiation of ventilation

Assess (daily) potential for discontinuation of MV
- Partial or complete reversal of underlying cause
- P/F > 200
- FiO2 < 0.4 – 0.5
- pH >= 7.30
- PEEP < 5-10
- Cardiac stability
- Spontaneous effort

Pass

Conduct SBT\(^{(1)}\)

Failure Criteria
- RR > 35 for >5 min
- Sustained SaO2 < 90%
- Sustained Pulse > 130
- SBP < 90 or > 180
- Increased anxiety, agitation, or subjective distress
- Diaphoresis
- Rapid shallow breathing (F/Vt) > 105

Pass

Evaluate airway patency

Failure Criteria
- Weak cough
- Excessive secretions, eg:
  - Tenacious
  - Suctioning required < q2h

Pass

Consider immediate extubation

Fail

Review unmet criteria: reversible or not considered significant?

Consider tracheostomy

Return to ventilation\(^{(2)}\)

Consider reversible contributors to failure

Consider immediate extubation

Pass

Fail

Fail

Fail
(1) Spontaneous Breathing Trial:
- Duration 30-120 minutes
- Any of the following modes are valid and equivalent:
  - T-piece
  - CPAP 5 cm H$_2$O
  - PSV 5-7 cm H$_2$O
  - Automatic tube compensation

(2) Ventilation support
After failing a SBT or if extubation is delayed, the patient should receive “restful” ventilation:
- Use previous setting
- Use alternative setting that reverses/prevents signs of SBT failure
- Interval of >1 hour prior to subsequent SBT (no evidence of greater benefit to the routine use of multiple trials per day)