



Awakening and Breathing Trial Co-ordination

1. Spontaneous awakening trial (SAT) safety screen.

(Assess for evidence of seizures, alcohol withdrawal, agitation, paralytics, myocardial ischaemia, raised ICP)

2. If safe perform SAT

(Observe for anxiety, agitation, pain, RR>35, sats>88%, respiratory distress, acute cardiac arrhythmias)

3. If passes SAT perform spontaneous breathing trial (SBT) safety screen.

(Observe for agitation, sats>88%, FiO₂<50%, PEEP<7.5, inspiratory effort, acceptable vasopressor use)

4. If passes SBT safety screen perform SBT.

(Observe for RR>35 or <8, sats<88%, respiratory distress, changes in mental state, acute cardiac arrhythmias)

5. If passes SBT consider extubation.

6. If fails at any point restart sedation at minimal dose required for safety and repeat

Delirium Assessment and Management

1. Assess for presence of risk factors to identify susceptibility to delirium

2. Twice daily CAM-ICU Delirium screen

3. Review medications and reduce or stop medications contributing to delirium

4. Assess sedation levels and ensure appropriate targets in place with planned sedation holds if appropriate

5. Non-pharmacological interventions – sensory aids, reorientation, sleep protocols and noise reduction

6. Treatment as per individual unit Delirium protocol

Early Exercise and Progressive Mobility

1. Begins at time of admission

2. MDT approach

3. Stepwise progression beginning with passive movements and progressing to ambulation

Family engagement and empowerment

1. Good communication

2. Recognition of family distress and use of support groups

3. Encourage family members to take care of themselves