# Did You Know?

* Spontaneous awakening trials (SAT) and spontaneous breathing trials (SBT) reduce the length of mechanical ventilation, thereby reducing the risk for developing ventilator-associated pneumonia (VAP).
* In 2012, Luetz’s review article focusing on 14 studies recommended that weaning should be considered as early as possible, using a daily screening for readiness to wean protocol (SAT) that includes SBT.1
* The 2015 “Wake Up and Breathe” quality improvement collaborative from Klompas et al. showed that enhanced performance of paired, daily SATs and SBTs is associated with lower VAE rates.2

## When used in conjunction, SAT and SBT protocols result in faster extubation time and an earlier discharge.2,3

# What the Experts Say

## Society for Healthcare Epidemiology of America

Recommends the interruption of sedation (SAT) and the assessment of readiness to wean (SBT) once a day. That SAT and SBT should be paired.4

## American Thoracic Society

Recommends use of daily interruption (SAT) or lightening of sedation to avoid constant heavy sedation and to facilitate and accelerate weaning; does not address SBT.5

## Centers for Disease Control and Prevention

Supports weaning but does not address SAT and SBT.6

# References

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5. American Thoracic Society, Infectious Diseases Society of America. Guidelines for the management of adults with hospital-acquired, ventilator-associated, and healthcare-associated pneumonia. Am J Respir Crit Care Med. 2005 Feb 15;171(4):388-416. PMID: 15699079.
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