

Bedside Treatments for ABCDE Protocol

ABC

Awakening and Breathing Coordination

Eligibility for ABC = On the ventilator

SAT Safety Screen: No active seizures, no active alcohol withdrawal, no active agitation, no active paralytics, no active myocardial ischemia, no evidence of \uparrow intracranial pressure

If passed the safety screen, Perform SAT

(stop all sedatives/analgesics used for sedation)

If fail \rightarrow restart sedatives if necessary at $\frac{1}{2}$ dose and titrate as needed

If pass \rightarrow Perform SBT safety screen

SBT Safety Screen: No active agitation, oxygen saturation $\geq 88\%$, $FiO_2 \leq 50\%$, PEEP ≤ 7.5 cm H₂O, no active myocardial ischemia, no significant vasopressor use, displays any inspiratory efforts

If passed the safety screen, Perform SBT

SBT is discontinuation of active ventilator support through a T-tube or ventilator with a rate set as 0, CPAP/PEEP ≤ 5 cmH₂O, and pressure support ≤ 5 cmH₂O.

If fail \rightarrow Return to ventilator support at previous settings

If pass \rightarrow Team should consider extubation

D

Delirium Nonpharmacologic Interventions

Eligibility for D = RASS ≥ -3 (any movement or eye opening to voice)

Pain: Monitor and/or manage pain using an objective scale

Orientation: Talk about day, date, place; discuss current events; update white boards with caregiver names; use clock and calendar in room

Sensory: Determine need for hearing aids and/or eye glasses

Sleep: Provide & encourage sleep preservation techniques like noise reduction, day-night variation, "time-out" to minimize interruptions of sleep, promoting comfort & relaxation

E

Early Exercise and Mobility

Eligibility for E = All MIND-USA study patients

Exercise Safety Screen: RASS ≥ -3 , $FiO_2 \leq 0.6$, PEEP ≤ 10 cm H₂O, no increase in vasopressor dose (2 hrs), no active myocardial ischemia (24 hrs), no arrhythmia requiring the administration of a new antiarrhythmic agent (24hrs)

Levels of Therapy (if passes safety screen):

1. Active range of motion exercises in bed and sitting position in bed
2. Dangling
3. Transfer to chair (active), includes standing without marching in place
4. Ambulation (marching in place, walking in room/hall)

These activities will be actively monitored as part of the MIND-USA study with the goal for bedside staff to perform with study patients by 2 pm daily.