

Daily Sedation Weaning Assessment Protocol (SWAP)

- ✓ **CONTRAINDICATED** in patients requiring deep sedation (e.g., 0-1A)
- ✓ RN/RRT to collaborate at the start of each shift to review SWAP/SBT goals
- ✓ Document assessment and weaning plan in 24 hour assessment record
- ✓ Record response to sedation weaning in AI record under “comfort/sedation” parameter

Is the patient's reason for ventilation resolved or partially resolved?

Is the $\text{PaO}_2/\text{FiO}_2 > 200$ on $\text{FiO}_2 \leq .5$ and $\text{PEEP} \leq 10$ cm H_2O ?

Is the patient hemodynamically stable?
(may be on stable doses of vasoactive drugs)

Is the patient's VAMASS score $\leq 3A$?

Is the patient on continuous analgesic or sedative infusions?

If **YES** to all of these questions:

- ↪ Wean sedation and narcotic as per weaning orders
- ↪ Document response to weaning in AI record

If **No** to any of these questions:

- ↪ Review sedation goals during morning rounds
- ↪ Document reason why sedation weaning is contraindicated
- ↪ Use the lowest dose of sedation required to achieve pain and MAAS targets