

SUPPLEMENTARY MATERIAL

Table S1. Daily checklist for assessing readiness for weaning from MV and SBT

CHECKLIST FOR DAILY ASSESSMENT OF MV WEANING READINESS	
SUITABILITY FOR WEANING FROM MV? (ALL MUST BE PRESENT)	
<input type="checkbox"/> Resolution of the acute phase of the disease that resulted in mechanical ventilation <input type="checkbox"/> Adequate oxygenation ($\text{FiO}_2 \leq 0.4$, $\text{SpO}_2 \geq 92\%$ and $\text{PEEP} \leq 8 \text{ cmH}_2\text{O}$)	
SUITABLE FOR SPONTANEOUS BREATHING TEST?	
Items 1 to 4 are mandatory. Items 5 and 6 are strongly recommended but not mandatory. <input type="checkbox"/> 1 – No sedation or minimal doses of sedative drugs <input type="checkbox"/> 2 – Ability to obey commands (at the discretion of the evaluator) <input type="checkbox"/> 3 – Absence or minimal doses of vasopressors ($< 0.1 \text{ mcg/kg/min}$ of noradrenaline) <input type="checkbox"/> 4 – No scheduled surgery in the next 24 hours <input type="checkbox"/> 5 – Adequate cough (peak cough flow $> 60 \text{ L/min}$ assessed on a mechanical ventilator or peak flow meter)	
After checking the above steps, start the SBT for 30 minutes T-tube ($\text{O}_2 \leq 6 \text{ L/min}$)	
PRESENCE OF SIGNS OF FAILURE OF THE SBT?	
RF ≥ 35 breathes per minute; Use of accessory muscles; Paradoxal breathing; Diaphoresis; HR > 140 bpm, or sustained increase or decrease $> 20\%$; Systolic BP $> 180 \text{ mmHg}$ or $< 80 \text{ mmHg}$, or change $> 20\%$ in baseline value; Lowering of the level of consciousness; Psychomotor agitation.	
If YES to any of the above items, return to MV to rest If NO, proceed with extubation	

Table S2. Data collection instrument

DATA COLLECTION INSTRUMENT		
1. IDENTIFICATION		
Number of hospital admission:		
Age:	Sex: () F () M	
2. INCLUSION CRITERIA: EVERYONE must be PRESENT	YES	NO
Aged 18 or over?		
On mechanical ventilation for 24 h or more?		
Extubated after successful SBT?		
3. EXCLUSION CRITERIA: NONE may be present	YES	NO
Accidental extubation?		

Palliative extubation?		
Incomplete medical records?		
4. HOSPITAL ADMISSION DATA		
Date of hospital admission:	Date of hospital discharge:	
Date of admission to the ICU:	Date of discharge from the ICU:	
Date of the OTI:	Date of the TQT:	
Date of death:	Place of death: () ICU () Sector	
ICU admission diagnosis:		
() Cardiovascular	() Liver disease	
() Respiratory	() Renal/metabolic	
() Neurological	() Surgical	
() Neoplasia	() Sepsis	
Mobility Scale on discharge from the ICU:		
<input type="checkbox"/> Elective surgery <input type="checkbox"/> Emergency surgery <input type="checkbox"/> Clinical disease <input type="checkbox"/> Respiratory disease <input type="checkbox"/> Trauma		
Reason for the OTI:		
<input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension (HAS) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Respiratory disease <input type="checkbox"/> Neoplasia <input type="checkbox"/> Heart disease <input type="checkbox"/> Peripheral arterial disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Neurological disease <input type="checkbox"/> Other diseases		
4.1. Charlson Comorbidity Index		
<input type="checkbox"/> Age > 65 anos <input type="checkbox"/> > 1 failure of the SBT <input type="checkbox"/> Comorbidity \geq 2 <input type="checkbox"/> Moderate to severe COPD <input type="checkbox"/> Profuse secretion <input type="checkbox"/> MV for > 7 dias <input type="checkbox"/> BMI > 30 <input type="checkbox"/> CHF as cause of OTI <input type="checkbox"/> SAPS 3 > 50 on the day of EXTOT <input type="checkbox"/> Ineffective cough <input type="checkbox"/> Upper airway problems		
4.2. SAPS 3 on the admission to the ICU:		
4.3. High-risk criteria for reintubation		
<input type="checkbox"/> NVI after extubation? <input type="checkbox"/> Reconnection to MV for 1h before extubation? Date of reOTI: Reason for reOTI:		
<input type="checkbox"/> T-tube <input type="checkbox"/> PSV YES NO		

