

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?	
<p>Items 1 to 4 are mandatory. Items 5 and 6 are strongly recommended but not mandatory.</p>	
<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)
<p>After checking the above steps, start the SBT for 30 minutes</p> <p>T-tube ($\text{O}_2 \leq 6 \text{ L/min}$)</p>	
<p>PRESENCE OF SIGNS OF FAILURE OF THE SBT?</p> <p>RF ≥ 35 breathes per minute; Use of accessory muscles; Paradoxal breathing; Diaphoresis; HR $> 140 \text{ bpm}$, 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.</p>	
<p>If YES to any of the above items, return to MV to rest</p>	
<p>If NO, proceed with extubation</p>	

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:		
Reason for the OTI:	() Elective surgery	
	() Emergency surgery	
	() Clinical disease	
	() Respiratory disease	
	() Trauma	
4.1. Charlson Comorbidity Index		
() Diabetes	() Hypertension (HAS)	() Kidney disease
() Respiratory disease	() Neoplasia	() Heart disease
() Peripheral arterial disease	() Liver disease	() Neurological disease
() Other diseases		
4.2. SAPS 3 on the admission to the ICU:		
4.3. High-risk criteria for reintubation		
() Age > 65 anos	() > 1 failure of the SBT	() Comorbidity ≥ 2
() Moderate to severe COPD	() Profuse secretion	() MV for > 7 dias
() BMI > 30	() CHF as cause of OTI	() SAPS 3 > 50 on the day of EXTOT
() Ineffective cough	() Upper airway problems	
5. WEANING DATA		
Date of EXTOT:		
How many SBTs were performed?	SBT time:	
Type of SBT	() T-tube	() PSV
	YES	NO
NVI after extubation?		
Reconnection to MV for 1h before extubation?		
Date of reOTI:	Reason for reOTI:	

