Extubation check list: SRFT for consultant staff

Pre- plan (up to 24 hrs.)

1. Pre extubation

Consider

1. **Spontaneous breathing trial-** e.g. One hour Pressure support 5cm H2O with 5 cm CPAP

2. **Lung recruitment post breathing trial**

3. **Risk of laryngeal oedema-** Female, > 6 days intubation, traumatic intubation, burns

4. **Leak test-** Clear airway then *slowly* deflate cuff- (Consider day before) Audible leak, Volume loss around cuff >110 ml (difference between inspired/exhaled volumes), Volume loss around cuff >24% tidal volume

5. **No leak of high risk** Consider direct laryngoscopy & Dexamethasone 3.3mg four hourly for 12 to 24 hours.

Plan

2. Planning for Extubation:

People: Nursing staff, review other activities on pod, Physiotherapist for post extubation support.

Equipment:

Consider if patient would benefit from nasal high flow/NIV (most non-straight forward extubations: Nasal high flow or NIV for e.g. COAD).

Check preparedness to reintubate:

See B@ease checklist

Do staff have PPE equipment?

Potential delirium:

Not required devices removed and essential devices secure (e.g. nasal bridle), staffing and location appropriate

Does the patient have a potentially difficult airway?

Consider availability of difficult airway equipment and competent staff, review D.A.S guidelines.

Will the patient need nebulised adrenaline (e.g. 1ml/1:000 in 4mlNaCl) or bronchodilators?

Consider Doxapram if the patient is morbidly obese.

Do

3. Extubation

Do staff have PPE?

Upper airway clear and subglottic tube aspirated?

Feed stopped and aspirated? Insulin paused?

Post extubation oxygen set up and ready to go (Not very straight forward- Nasal CPAP, COAD consider NIV)

Can the patient be ventilated/re-intubated if required post extubation?

Communicate with nurses- Patient position, process for extubation and who will do it?

Document and communicate

4. Post Extubation

Document extubation in 'Extubation record' of lines and devices insertion document

Communicate clear plan for on-going adjustments to respiratory support/oxygen therapy and NG feed/insulin/swallow assessment.

Prescribe nebulised adrenaline or bronchodilators or change from MDIs

Communicate with senior nurse on the pod and physiotherapists

Communicate how long you want airway equipment left at the bed area

For reference list see https://salfordcriticalcare.org/covid-19-information-for-staff/ **V1.0 (10.03.2021) JH/TT**