

Extubation Guidelines

Extubation is an aerosol generating procedure. In order to minimize the risk of viral transmission the following recommendations apply:

- Staff members in full PPE; non-essential staff out of room
 - The same level of PPE should be worn as for intubation
- Runner in clean anaesthetic bay with means of communicating
- Ensure all necessary equipment prepared and immediately available in room
- Extubation should occur on patient's bed
- Patient should ideally be ready for extubation onto facemask
- Non-invasive ventilation and high flow nasal oxygenation should be avoided if possible
- Optimise airway and oxygenation through positioning and recruitment manoeuvre
- Have patient sitting up with no theatre staff in front of patient
- Extubate under plastic drape/sheet
- Avoid positive pressure on bag as endotracheal tube removed
- Extubate on to facemask immediately. Use 2 handed grip and maintain seal until able to breathe on room air or low flow oxygen via Hudson mask or nasal prongs with a surgical mask on top
- Immediately dispose of single use equipment in a yellow clinical waste bin
- Patient should be encouraged not to cough
- Oral suctioning may be performed, with care taken not to precipitate coughing. Ensure no contamination of self or others.
- If familiar with technique, consider the following strategies to minimize coughing on extubation:
 - Opioids
 - Lignocaine
 - Dexmedetomidine
 - Spontaneously breathing deep extubation
 - LMA exchange