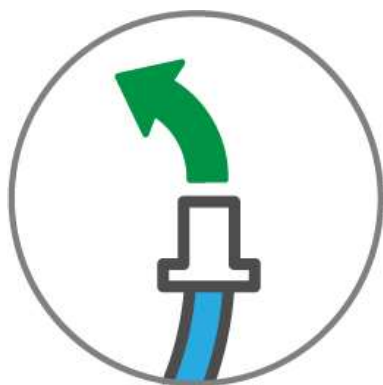


COVID-19 EXTUBATION PROCESS

ADAPTED FROM SAFE AIRWAY SOCIETY GUIDELINES



Can extubation be delayed until patient is no longer infective? If not, proceed as follows:



2 staff members

Full PPE

Other personnel out



Be confident patient can be safely extubated onto a hudson mask.
NIV and High Flow Nasal Oxygen, risk aerosol transmission and should avoided.



Use additional measures to reduce coughing on extubation.
For example remifentanyl TCI.



Optimise airway and oxygenation, through positioning and recruitment manoeuvres.
Suction with care not to contaminate self or others.



Remove ETT. Immediately replace with face mask and circle circuit.
Use 2-handed grip. Confirm airway patent.

Place surgical mask on patient + hudson mask over the top.



Extreme care with all contaminated items for appropriate disposal.
OT quarantined for 30min after application of HM with strict aerosol precaution. Cleaning to occur AFTER this time. Doff PPE as per protocol.

COVID-19 EXTUBATION SEQUENCE FOR RNSH OT

Scrub team out for extubation

**Doff in OT (after 30mins)
N95 off outside OT**

Ensure patient will tolerate Hudson Mask

Droplet Risk



Consider Glycopyrolate



Anti-emetics



45 degrees

Staff



Don PPE with double gloves



Use spotter / buddy check



2 people ONLY Scrub Team out



Ensure Runner + Set up Phone

Aerosol Risk



Consider Remifentanyl



Suction

Reverse



Sugammadex (check dose)

Extubate



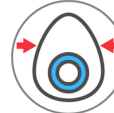
O2 flows off before Extubating



Deflate cuff



Extubate with Filter on ETT



Vice Grip Facemask



Increase Flows to 2L/min

Final



O2 off before dropping mask



Surgical Mask + Hudson on top



Turn O2 ON



Pt remains in OT for 30 mins