

COOK Staged Extubation Set Guidelines for use

Introduction

- Cook Medical produces the Cook Staged Extubation Set which complements
 the recommendations from DAS and RCoA that there should be a planned
 extubation strategy which will include a plan for re-intubation.
- ICU extubations have the highest risk of re-intubation of any hospital area

The Cook Staged Extubation Set compises 2 parts

- o Staged Extubation Wire, plastic wire retainer, Tegaderm and tape
- Staged Reintubation Catheter with Rapi-Fit® adapters for 15mm or Jet connections

Indications for use

As part of extubation plan where staged extubation is considered due to potential for difficult re-intubation e.g.

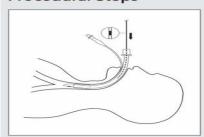
- · Previous difficult intubation
- Obesity
- Obstructive Sleep Apnoea
- Upper airway obstruction
- Previous head and neck surgery

Usage

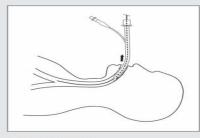
Please do not use independently unless you have been appropriately trained

- 1. The decision to extubate at this stage must be made by a senior clinician
- 2. Use the Extubation Checklist
- 3. Senior doctor present
- 4. Re-intubation plan agreed

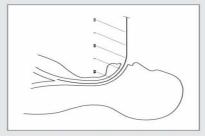
Procedural Steps



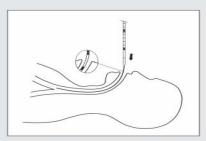
 Advance the staged extubation wire into the endotracheal tube (ETT) to the predetermined depth.



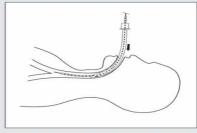
2. Remove the ETT.



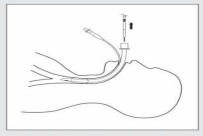
3. Leave the wire in place while the patient remains in a monitored environment.



4. In the event that the patient requires reintubation, pass the staged reintubation catheter over the wire.



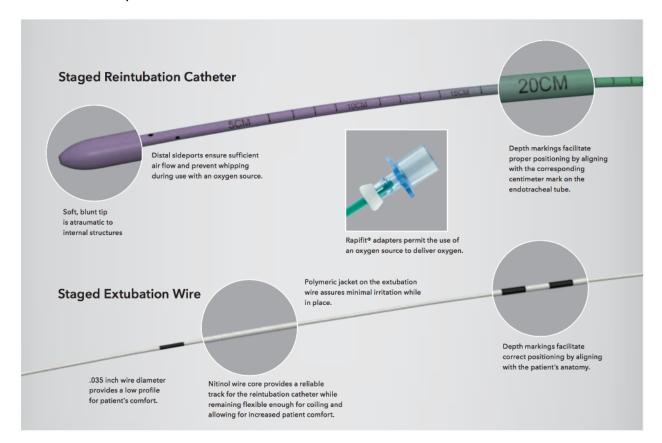
 Pass the ETT over the catheter and into the optimal position within the patient's trachea.



Remove the wire and catheter, and connect the ETT to an oxygen source.

Directorate of Critical Care

- **5.** The wire is left in place till you are confident the airway is self maintained and protected. (It is licensed for up to 72hrs).
- **6.** We have found that the plastic airway wire holder ring is difficult to use and **recommend** the wire is coiled and adhered to the cheek using a film dressing +/- foam dressing under the wire to protect the skin
- 7. Complete a feedback form



Please feedback any issues to Dr Mark Dunn markdunn@nhs.net

The use of this guideline is subject to professional judgement and accountability. It should not be interpreted as setting a standard of care. This guideline has been prepared carefully and in good faith for use within the Directorate of Critical Care at NHS Lothian. No liability can be accepted by NHS Lothian for any errors, costs or losses arising from the use of this guideline or the information contained herein.

Title: Cook Staged Extubation Set Guidelines for Use					
ID: CSESGFU v4.20190630	Authors: M Dunn, R Macfadyen, N Young,				
	J Bain, C Ferguson				
Category: Airway	Document Version: 1				
Status Draft/Final: Final	Review Date: Jun 2021				
Authoriser: QIT, LATE	Date Authorisation: Oct 2018, Jun 2019				
Date added to Intranet:					
Key words: Airway, Extubation					

Directorate of Critical Care

Appendix i

Cook Staged Extubation Set (SES) Assessment Form								
Where was this used?	RIE □		WGH □	SJH [
	Theatre \square		ICU □	Obste	trics □			
Operator	Consu	ltant □	ST3-	7 🗆	ST1-2 □	ACCP □		
Supervisor	Consu	ltant □	ST3-	7 🗆				
Operator previous experience with Cook SES								
	0-1 🗆		2-3 □	4-5□	>5	5 🗆		
Supervisor previous experience with Cook SES								
	0-1 🗆		2-3 □	4-5□	>5	5 🗆		
Reasons Cook SES used (tick all that apply)								
Prior difficult intubation	n		Obesity					
Obstructive Sleep Ap	noea		Upper airwa	y obstruc	ction \square			
Elderly			Prior head/n	eck surg	ery \square			
Neck immobility			Obstetric par	tient				
Other								
Plan for re-intubation (tick all that apply)								
RSI		Awake	intubation					
Video laryngoscope		Stageo	l Re-intubatio	n Cathet	ter 🗆			
Flexible scope		Flexible	e scope via i0	Gel				
Front of neck access								
Other								
Ease of Use								
Very Easy □	Easy [Moderate □]	Difficult [
Very Difficult □	Failed/	Abando	ned \square					
Duration of wire left in situ								
hou	rs AND) / OR	Re-intubatio	n cathete	er used \square			
Patient Tolerance (subjecti	ve view	/)						
Very good \square	Good [Moderate □		Poor	Very poor □		
Would you use again?								
Yes □	No □							
Further comments, incl. how the wire was secured								

Please return to Dr Mark Dunn, Ward 118, RIE or e-mail markdunn@nhs.net