

## 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 comprises 2 parts

- **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.***

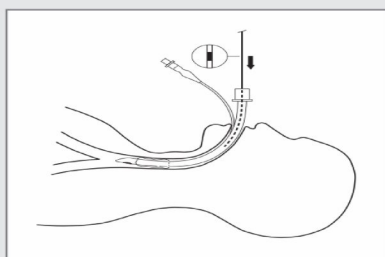
- Previous difficult intubation
- Obesity
- Obstructive Sleep Apnoea
- Upper airway obstruction
- Previous head and neck surgery

### Usage

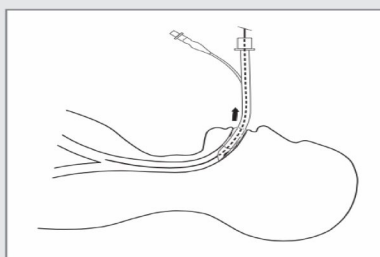
***Please do not use independently unless you have been appropriately trained***

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**

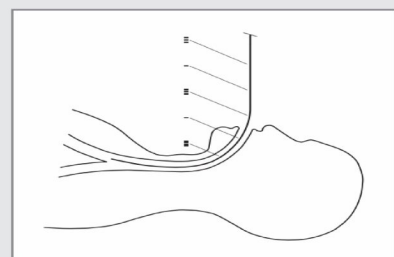
#### Procedural Steps



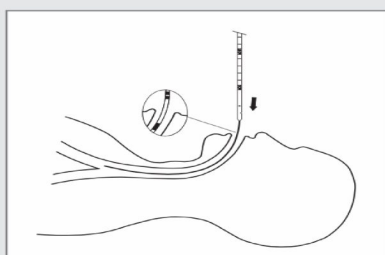
1. Advance the staged extubation wire into the endotracheal tube (ETT) to the predetermined depth.



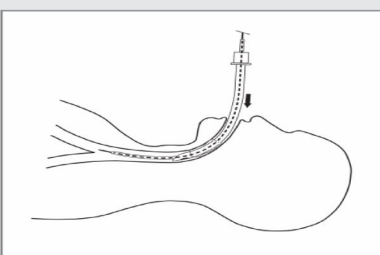
2. Remove the ETT.



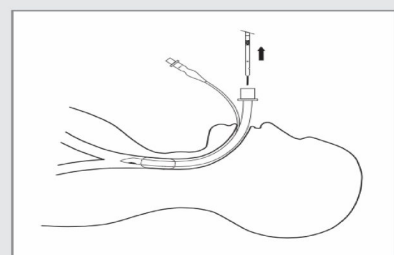
3. Leave the wire in place while the patient remains in a monitored environment.



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



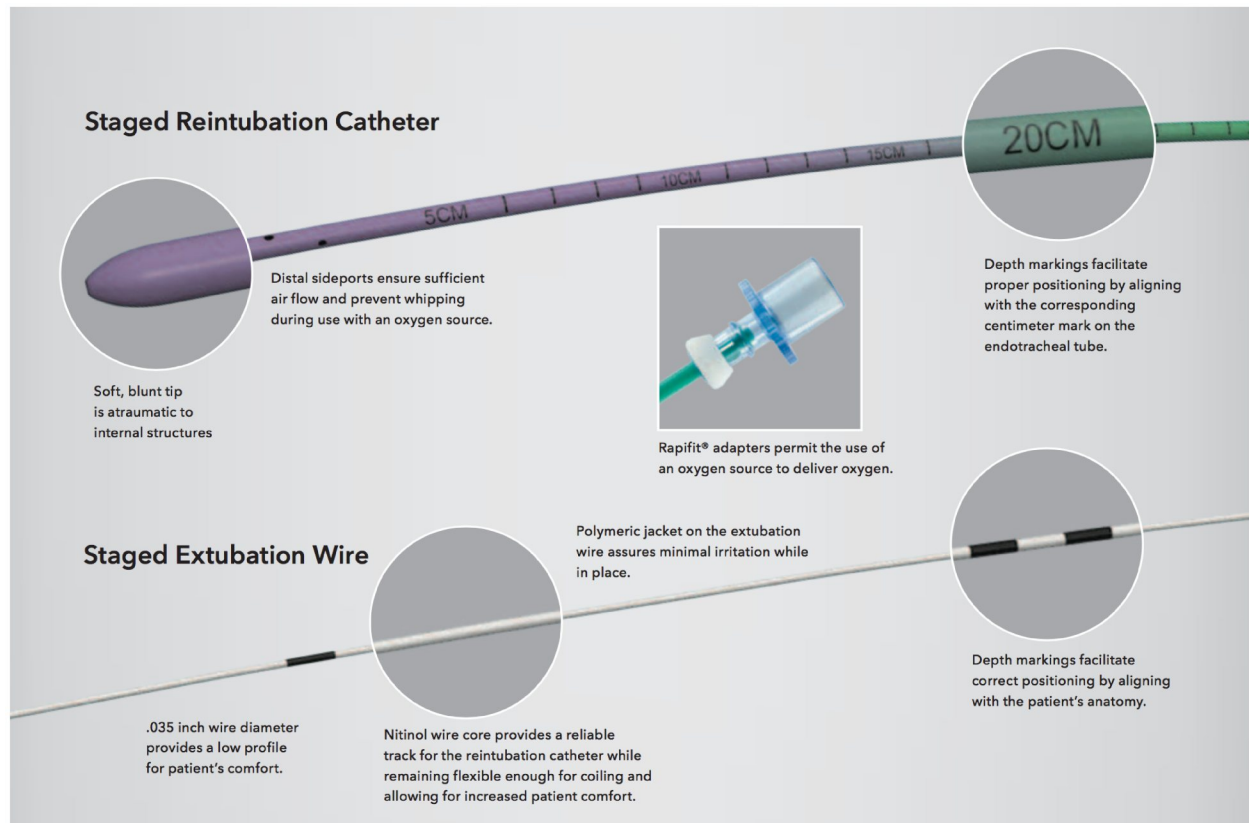
5. Pass the ETT over the catheter and into the optimal position within the patient's trachea.



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

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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](mailto:markdunn@nhs.net)

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## Appendix i

### Cook Staged Extubation Set (SES) Assessment Form

**Where was this used?** RIE ☐ WGH ☐ SJH ☐  
Theatre ☐ ICU ☐ Obstetrics ☐  
**Operator** Consultant ☐ ST3-7 ☐ ST1-2 ☐ ACCP ☐  
**Supervisor** Consultant ☐ ST3-7 ☐

#### **Operator previous experience with Cook SES**

0-1 ☐ 2-3 ☐ 4-5 ☐ >5 ☐

#### **Supervisor previous experience with Cook SES**

0-1 ☐ 2-3 ☐ 4-5 ☐ >5 ☐

#### **Reasons Cook SES used (tick all that apply)**

Prior difficult intubation ☐ Obesity ☐  
Obstructive Sleep Apnoea ☐ Upper airway obstruction ☐  
Elderly ☐ Prior head/neck surgery ☐  
Neck immobility ☐ Obstetric patient ☐  
Other .....

#### **Plan for re-intubation (tick all that apply)**

RSI ☐ Awake intubation ☐  
Video laryngoscope ☐ Staged Re-intubation Catheter ☐  
Flexible scope ☐ Flexible scope via iGel ☐  
Front of neck access ☐  
Other .....

#### **Ease of Use**

Very Easy ☐ Easy ☐ Moderate ☐ Difficult ☐  
Very Difficult ☐ Failed/Abandoned ☐

#### **Duration of wire left in situ**

..... hours **AND / OR** Re-intubation catheter used ☐

#### **Patient Tolerance (subjective view)**

Very good ☐ Good ☐ Moderate ☐ Poor ☐ Very poor ☐

#### **Would you use again?**

Yes ☐ No ☐

#### **Further comments, incl. how the wire was secured**

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**Please return to Dr Mark Dunn, Ward 118, RIE or e-mail [markdunn@nhs.net](mailto:markdunn@nhs.net)**