

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.

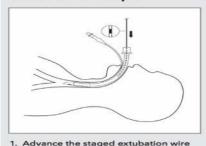
- Previous difficult intubation
- Obesity
- Obstructive Sleep Apnoea
- Upper airway obstruction
- Previous head and neck surgery

Usage

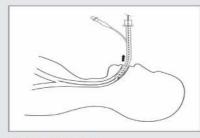
Please do not use independently unless you have been appropriately trained

- 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

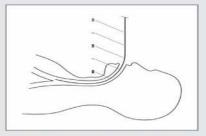
Procedural Steps



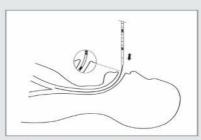
 Advance the staged extubation wire into the endotracheal tube (ETT) to the predetermined depth.



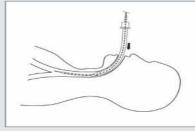
Remove the ETT.



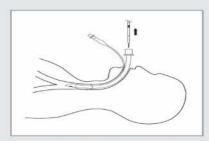
 Leave the wire in place while the patient remains in a monitored environment.



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



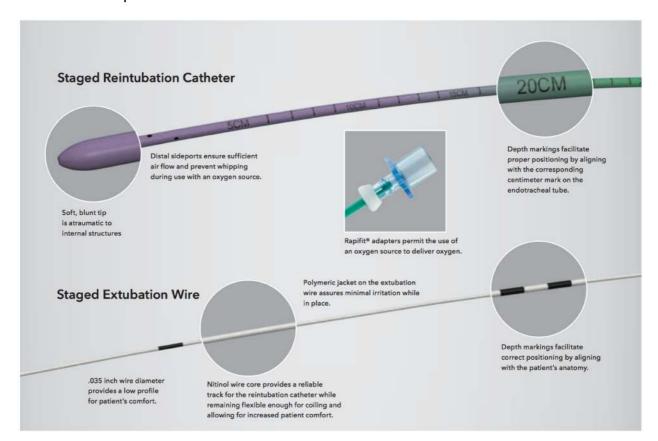
5. Pass the ETT over the catheter and into the optimal position within the patient's trachea.



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

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Appendix i

Cook Sta	ged Ex	tubatio	n Set (S	ES) As	sessm	ent For	<u>'m</u>			
Where was this used?	RIE □		WGH □		SJH □					
	Theatr	e 🗆	ICU 🗆		Obstet	rics 🗆				
Operator	Consu	ltant □		ST3-7		ST1-2		$ACCP\;\square$		
Supervisor	Consu	ltant □	;	ST3-7						
Operator previous experie	nce witl	h Cook	SES							
	0-1 🗆		2-3 □		4-5□		>5□			
Supervisor previous exper	ience w	ith Cod	ok SES							
	0-1 🗆		2-3 □		4-5□		>5□			
Reasons Cook SES used (tick all that apply)										
Prior difficult intubation	n		Obesity							
Obstructive Sleep Ap	noea		Upper a	airway o	obstruct	tion				
Elderly			Prior he	ad/nec	k surge	ery				
Neck immobility			Obstetr	ic patie	nt					
Other										
Plan for re-intubation (tick	all that	apply)								
RSI		Awake	intubati	on						
Video laryngoscope		Stageo	l Re-intu	bation	Cathete	er				
Flexible scope		Flexible	e scope	via iGe	el					
Front of neck access										
Other										
Ease of Use										
Very Easy □	Easy [Modera	te 🗆		Difficult	t 🗆			
Very Difficult □	Failed/	Abando	ned \square							
Duration of wire left in situ										
hou	rs AND	/ OR	Re-intul	bation (cathete	r used [
Patient Tolerance (subjecti	ve view	/)								
Very good □	Good [Modera	te 🗆		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