## **Critical Care, Extubation Checklist**

From NAP 4 & DAS guidelines by T Housden Oct 2014 (Adapted for Critical Care, NHS Lothian)
Review Date: Oct 2017



- Senior doctor aware
- **Two** nurses aware
- Talk through the plan and allocate roles
- Charge nurse informed
- Assess airway risk factors:
  - Previous difficult airway
  - Obesity
  - Aspiration risk
  - Airway trauma/oedema
  - Obstetric patient
- Assess general risk factors:
  - Cardiovascular stability
  - Adequate cough & spontaneous ventilation
  - Awake and cooperative
- Senior doctor present for high risk extubations and REINTUBATION PLAN formulated

2 Preparation

- Optimise the patient:
  - 100% oxygen
  - Sit patient up
- Stop sedation
- IV access checked
- Ensure adequate fasting
- Aspirate NG tube
- Check for cuff leak
- Inform patient of plan to extubate
- Monitoring visible
  - ECG, SpO<sub>2</sub>, BP, etCO<sub>2</sub>
- PPE
- Prepare for postextubation care

3 Equipment

- Suction catheter/closed suction system
- Yankauer suction catheter
- Suction checked & working
- 10ml syringe
- Scissors to cut tapes
- Consider bite block
- Airway trolley available
- Stethoscope
- Post-extubation oxygen delivery ready & connected to O<sub>2</sub> supply
  - C-Circuit, filter & mask
  - Facemask
  - Non-invasive ventilation

Extubation

- **Two** nurses aware
- Talk through plans

## **RAISE CONCERNS NOW**

## PROCEED:

- Suction oropharynx
- Suction tracheal secretions
- Remove tapes/ties whilst supporting ETT
- Deflate cuff and remove ETT whilst suctioning
- Give prepared supplemental oxygen
- Observe patient for signs of airway or respiratory compromise:
  - Airway noise
  - Respiratory pattern
  - SpO<sub>2</sub>/RR

## **CALL FOR HELP EARLY**

Check an ABG 30 minutes post-extubation