

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.

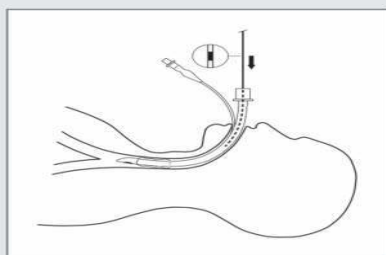
- Previous difficult intubation
- Obesity
- Obstructive Sleep Apnoea
- Upper airway obstruction
- Previous head and neck surgery

Usage

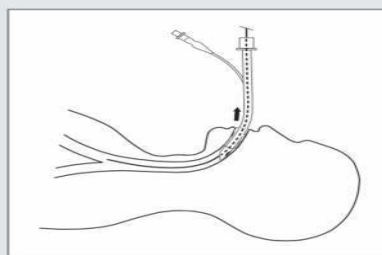
Please do not use independently unless you have been appropriately trained

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**

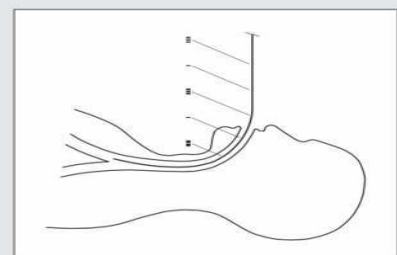
Procedural Steps



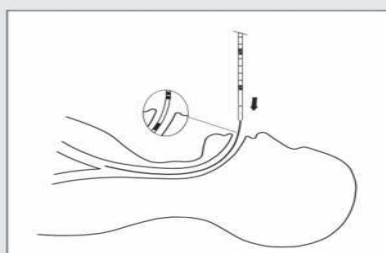
1. Advance the staged extubation wire into the endotracheal tube (ETT) to the predetermined depth.



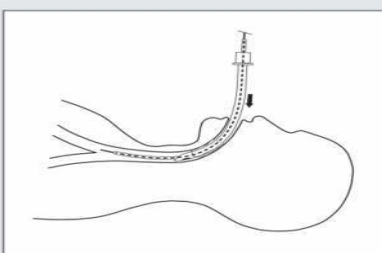
2. Remove the ETT.



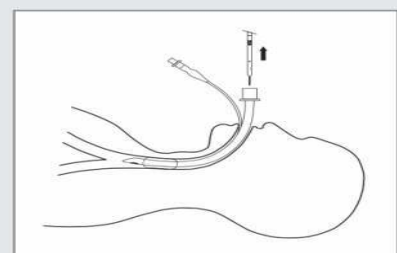
3. Leave the wire in place while the patient remains in a monitored environment.



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



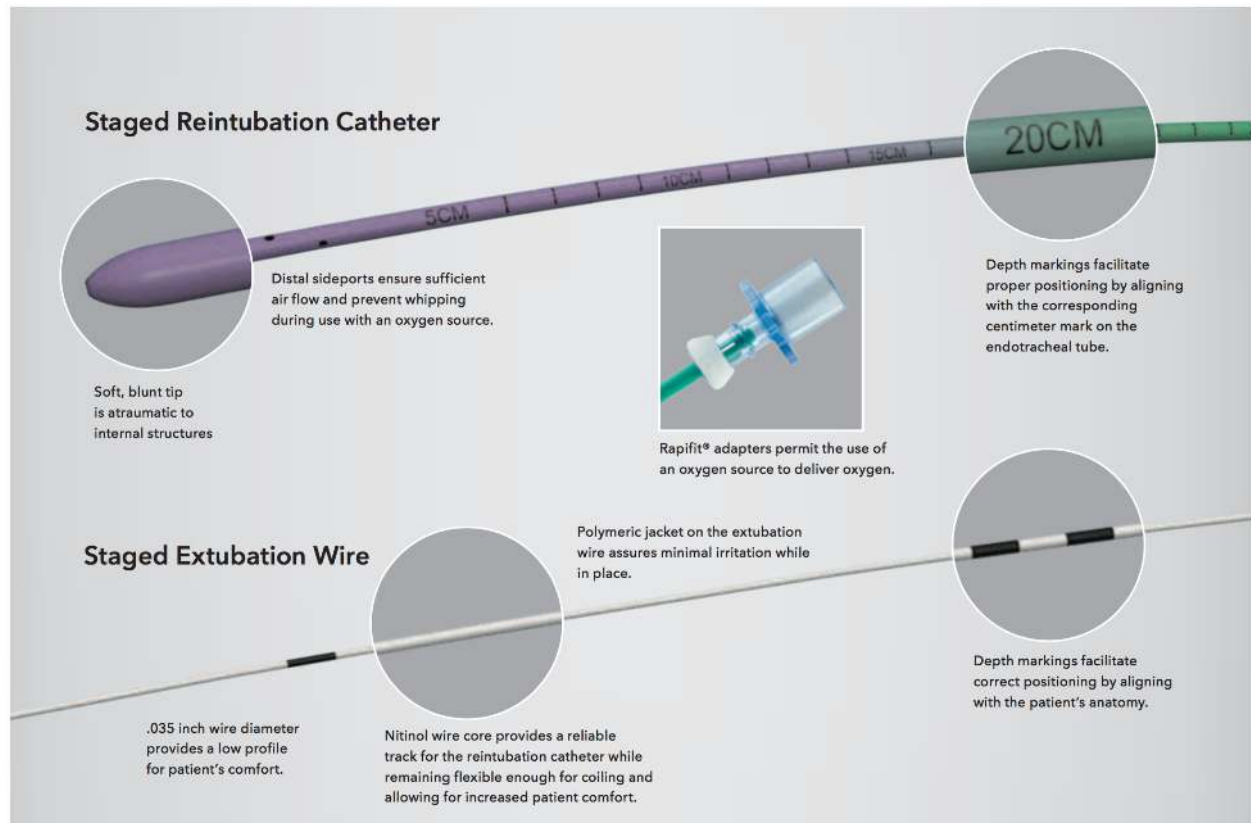
5. Pass the ETT over the catheter and into the optimal position within the patient's trachea.



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

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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	

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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