Critical Care, Extubation Checklist

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

1 Planning

- 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, SpO₂, BP, etCO₂
- 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 O₂ 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
 - SpO₂/RR

CALL FOR HELP EARLY

 Check an ABG 30 minutes post-extubation