Extubation Checklist

Prepare team
- ❑ Consultant & nurse in charge aware

Assess extubation readiness
- ❑ NBM ≥ 4 hours, NGT aspirated
- ❑ Acceptable work of breathing on PS10/5
- ❑ Good respiratory effort on Ayres T-piece
- ❑ Awake or easily roused
- ❑ Adequate IV access secured
- ❑ Sedation stopped/weaned
- ❑ If using Propofol - line flushed off
- ❑ Exclude residual muscle paralysis [#1]
- ❑ Latest CXR reviewed
- ❑ Lung POCUS in post-op cardiacs
- ❑ Haemodynamically stable
- ❑ Consider delaying extubation & giving steroids in UAO, repeated airway instrumentation or oversized ETT
- ❑ If previous failed extubation – potential causes considered [#2]
- ❑ Relevant imaging/procedures completed

Known difficult airway?
- ❑ If yes, clarify plan with Consultant

Extubation plan
- ❑ Nasal cannulae/High Flow
- ❑ CPAP/BiPAP

Equipment
- ❑ Suction and Yankeur
- ❑ Ayres T piece
- ❑ Appropriately sized mask and guedel
- ❑ Appropriate syringe to deflate cuff
- ❑ Capnography
- ❑ Laryngoscope & 2 blades inc. McGrath
- ❑ Bougie/stylet
- ❑ ETT (cuffed & uncuffed) correct sizes
- ❑ MAST Trolley if required

Management of post extubation stridor

- ❑ PEEP
- ❑ High Flow Nasal Cannula O2
- ❑ Mask CPAP/BiPAP
- ❑ Consider re-intubation

DRUGS:

Dexamethasone 0.5mg/kg IV (Max 8mg) then 0.2mg/kg IV 8 hourly for 24^{h}

Nebulised adrenaline 0.4ml/kg 1:1000 (Max 5mls) diluted to 5ml

[#1] Residual paralysis RISK FACTORS

- ❑ Repeated/recent (<4 hours) muscle relaxant
- ❑ Recent Pancuronium
- ❑ Renal impairment
- ❑ Cardiopulmonary bypass
- ❑ Myopathy

Use of a peripheral nerve stimulator (Train of Four) is strongly encouraged

IF IN DOUBT ASK

REVERSAL DRUGS:

Neostigmine 50micrograms/kg **&** Glycopyrronium bromide10micrograms/kg

OR dilute pre-mixed vial (2.5 mg/ml Neostigmine/500 micrograms/ml Glycopyrronium bromide) into 10 mls and give 0.2 mls/kg

Sugammadex 2mg/kg

Extubation Algorithm

Pre-oxygenate - 100% O_2 for 3 minutes
Not appropriate for single ventricles

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Aspirate NGT
Suction oropharynx and ETT
Optimise position

↓

Deflate cuff and remove ETT

↓

Support airway, apply PEEP
with face mask and Ayre's T-piece
Ensure adequate ventilation and oxygenation

↓

STAY AT THE BEDSIDE UNTIL EXTUBATION JUDGED SUCCESSFUL

If inadequate respiratory effort, low RR or low GCS consider residual opiate effect and the need for naloxone

[#2] Failed Extubation attempt? Consider need for:

- ❑ Vocal Cord Assessment
- ❑ Dynamic Bronchoscopy
- ❑ Diaphragm Screening

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