

Extubation Checklist

Prepare team

- Consultant and nurse in charge aware

Assess readiness for extubation

- NBM for ≥ 4 hours
- Awake or easily roused
- Work of breathing acceptable on PS 10/5
- Good respiratory effort on Ayres T-piece
- Latest CXR reviewed
- Haemodynamically stable
- No residual muscle relaxation*

Known difficult airway?

- If yes, clarify plan with Consultant

Extubation plan:

- Nasal cannula/High Flow Nasal Oxygen
- CPAP/BiPAP

Equipment

- Suction and Yankeur
- Ayres T piece
- Appropriate sized mask and guedel
- Appropriate size syringe to deflate cuff
- Capnography

Intubation trolley

- Laryngoscope and 2 blades
- Bougie/stylet
- ETT (cuffed and uncuffed) correct sizes
- Difficult intubation trolley if required

Management of post extubation stridor

- Manual CPAP
- High Flow Nasal Oxygen
- Mask CPAP/BiPAP
- Consider re-intubation

DRUGS:

Dexamethasone **0.5mg/kg** IV then **0.2mg/kg** IV 6 hourly for **24** hours
Nebulised 1:1000 adrenaline 0.4ml/kg (MAX 5mls) dilute to final volume of 5 mls

*Residual paralysis RISK FACTORS

- Repeated or recent (≤ 4 hours) muscle relaxant
- Recent use of pancuronium
- Renal impairment
- Cardiopulmonary bypass
- Myopathy

IF IN DOUBT ASK

REVERSAL DRUGS:

Neostigmine 50 micrograms/kg AND Glycopyrronium 10 micrograms/kg OR dilute pre-mixed vial (2.5 mg Neostigmine and 500 micrograms Glycopyrronium) into 10 mls and give 0.2 mls/kg

Use in conjunction with a nerve stimulator

Extubation Algorithm

Pre-oxygenate in 100% O₂ for 3 minutes



Aspirate NGT, Suction oropharynx and ETT
Optimise position



Deflate cuff and remove ETT



Support airway with mask and Ayres T-piece. Ensure adequate ventilation and oxygenation



STAY AT THE BEDSIDE UNTIL EXTUBATION JUDGED SUCCESSFUL