Guidelines for NON - CRITICAL CARE staff

EXTUBATION (removal of artificial airway: tracheostomy or oral endotracheal tube)

- NO patient should be extubated unless discussed with ICU consultant or senior registrar
- NON-CRITICAL CARE staff must carry out the procedure with an experienced ICU staff member

1. Patient identified as potentially suitable for extubation by ICU Consultant or Registrar
2. Bedside nurse goes through 'Extubation Testing' sheet (see over) with experienced ICU nurse
3. Bedside nurse prepares therapy for post-extubation, ie: wall O2/CPAP/BiPAP/nasal high flow
4. Once patient meets criteria to extubate safely - bedside nurse carries out procedure with Senior ICU nurse
5. Bedside nurse REMAINS AT BEDSIDE for minimum 30 minutes post extubation, to observe for signs or respiratory distress

SAFETY FIRST!

Do you have a SENIOR nurse?

Do you have a CONSULTANT or REGISTRAR?

Do NOT proceed unless you have senior supervision and support!
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- Extubation testing & guidelines are on the BSUH Infonet on Critical Care Unit page..
  Infonet > Intensive Care Unit > Clinical Guidelines > Extubation
- Info on BiPAP/NIV via the infonet on the Critical Care Outreach page..
  Infonet > critical care outreach > NIV

Quick guide to post-extubation therapies for patients not suitable for simple wall oxygen therapy

- **Nasal High Flow**
  - Good humidification
  - Ability to give high O2 flow and % of O2
  - for patients with higher O2 requirements but not needing PEEP

- **CPAP**
  - Humidified
  - High flow O2 and PEEP
  - for patients extubated on >5cms PEEP or with alveolar collapse or heart failure

- **BiPAP**
  - not humidified
  - Dual pressures to help O2 and CO2
  - for patients with COPD, neuro muscular disorders or chest wall deformities