

VALLEYCARE
OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
RESPIRATORY CARE SERVICES - ADULT
POLICY & PROCEDURE

NUMBER: 5852

VERSION: 1

SUBJECT/TITLE: EXTUBATION

POLICY: All patients undergoing extubation should be assessed for appropriateness. All extubations should be preceded by a physician order. The Ventilator Weaning Protocol is a good proven guideline in addition to other weaning criteria, if ordered, such as Vital Capacity and Spontaneous Tidal Volume.

PURPOSE: To remove an Endotracheal Tube when the patient's natural airway function is adequate to meet the patient needs.

DEPARTMENTS: RESPIRATORY CARE SERVICES

DEFINITIONS:

PROCEDURE:

Great consideration should be given to the following:

1. The patient should exhibit adequate cough and swallowing reflexes.
2. Secretions controlled
3. Disease process reversed or improving
4. Resolving Chest Radiograph
5. State of Consciousness – alert and cooperative
6. Stable fluid management
7. Adequate nutritional status

EQUIPMENT:

1. Suction apparatus
2. Manual ventilator with appropriate mask
3. Oxygen administration devices
4. Oral airways
5. Aerosol administration devices

PROCEDURE:

1. Check physician order for extubation

SUBJECT/TITLE: EXTUBATION

Policy Number: 5852

Page Number: 2

2. Assemble equipment and check for proper function.
3. Wash your hands with germicidal soap.
4. Inform the patient about the reason and the nature of the procedure.
5. Suction the patient including the mouth and oropharynx using proper technique.
6. Oxygenate the patient with 100% oxygen.
7. Remove the tapes securing the tube.
8. Deflate the tube cuff.
9. Remove the tube during the patient's inspiratory phase.
10. Continue to oxygenate the patient at least momentarily.
11. Administer an aerosol via face shield or aerosol mask in order to provide humidity, reduce edema, and relieve soreness.
12. Be prepared to suction patient or initiate life support measures.
13. Dispose of equipment in the proper receptacle.
14. Wash hands.
15. Chart procedure on Ventilator forms in ORCHID, documenting the time, procedure, and any complications.
16. Monitor patient's respiratory status for deterioration as demonstrated by:
 - a) Increased respiratory rate
 - b) Increased heart rate
 - c) Diaphoresis
 - d) Accessory muscle use
 - e) Decreased SaO₂
 - f) Inadequate hemodynamics.

References:	
Approved by: Arnold Panganiban (Chief of Respiratory Therapy), Nikhil Barot ()	Date: 05/17/2019
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SUBJECT/TITLE: EXTUBATION
Policy Number: 5852
Page Number: 3

SUBJECT/TITLE: EXTUBATION
Policy Number: 5852
Page Number: 4