

PROTOCOL FOR: Extubated Infant from IMV/HFOV to Room Air, Supplemental Oxygen or Nasal Cannula

- POLICY:
1. Infants who are newly extubated from IMV/HFOV will have a cut ET Tube with stylet and a laryngoscope at bedside for 24 hours.
 2. Infants need to remain on cardiorespiratory monitor and pulse oximetry continuously for at least 24 hours post-extubation.

DESIRED PATIENT

- OUTCOMES:
1. Adequate gas exchange will be maintained.
 2. Adverse effects of hypoxemia, hyperoxemia and hypercarbia will be eliminated or minimized.
 3. Excessive oxygen consumption will be prevented.
 4. Will have no or minimal airway obstruction.

CLINICAL
ASSESSMENT

- AND CARE:
1. Assess respiratory effort, rate, color and activity, every hour X 24 hours.
 - a. *Report increasing oxygen requirement, increasing respiratory rate, increasing dyspnea, limited air entry, stridor, poor color or perfusion, or increasing number of episodes of apnea and bradycardia.*
 2. Perform hands-on vital signs a minimum of every 4 hours. Blood pressure in accordance with therapeutic regimen/drug therapy.
 3. Assess tolerance of and response to nebulizer treatments, which may be ordered to reduce upper airway edema.
 4. Perform blood gases and x-rays as ordered. Document blood gas results and relevant x-ray findings on flow sheet.
 5. Reposition every 3-4 hours to promote drainage and prevent stasis of secretions.

EFFECTIVE DATE: 6/89

REVISION DATES: 4/90, 5/91, 9/92, 8/93, 12/94, 4/97, 1/00, 10/03

REVIEWED DATES: 12/08