

PROCEDURE FOR: Extubation: Elective

EQUIPMENT: Bag and mask attached to O₂ source

Suction/Suction Catheters

Prepared O₂ hood or isolette flooded with oxygen, nasal cannula or CPAP with Respiratory Therapy available to prepare vent as ordered by physician or advanced practitioner

Laryngoscope and pre-cut ETT in case of need to re-intubate

PROCEDURE:

<u>ACTION</u>	<u>POINTS OF EMPHASIS</u>
1. Assess infant's condition by observing heart rate, color, respiratory rate, respiratory effort and auscultating chest. Maintain on pulse oximeter.	1. Transcutaneous CO ₂ monitoring may be used for noninvasive monitoring of TcPCO ₂ .
2. Suction prior to extubating if condition requires.	2. Allow a 20 minute recovery period following ET suctioning to allow for full re-expansion of alveoli prior to extubation.
3. Suction the nasopharynx.	3. The nasopharynx must be patent because infants are obligatory nasal breathers.
4. Prepare hood, nasal cannula, isolette or CPAP device.	
5. Disconnect from ventilator and gently remove/pull out ETT.	5. Some infants may benefit from two or three breaths at present settings delivered with a resuscitation bag just prior to withdrawing endotracheal tube. Hand bagging may be used to re-expand the infant's lungs if there is not an effective cry at extubation.
6. Place infant in O ₂ hood, or supplemental O ₂ to isolette, nasal cannula or on CPAP as ordered.	6. Provide free flow O ₂ as needed to maintain oxygen saturations.
a. When extubating to nasal CPAP, have readily available and place prongs in nares just prior to pulling ETT. This will help maintain lung volume.	

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 9/88

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