



HEALTH HOLDING
HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Maternal Intensive Care Unit		
Document:	Departmental Policy and Procedure		
Title:	Endotracheal Extubation in Maternal Intensive Care Unit		
Applies To:	All Maternity Intensive Care Unit Staff		
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1. PURPOSE:

- 1.1 To assure safe extubation for MICU patients who fit the criteria for weaning.

2. DEFINITIONS:

- 2.1 **Endotracheal Extubation** – removal of an existing tracheal tube.
- 2.2 **Stridor** – an abnormal, high-pitched, whistling sound heard during inspiration due to a blockage in the larynx or trachea. The condition may indicate inflammatory conditions (such as asthma, glottis edema, laryngospasm, and diphtheria, neoplastic, or other causes of swelling or laxity).

3. POLICY:

- 3.1 Patient will be extubated by a ICU registrar / anaesthetist should be experience with endtracheal intubation.
- 3.2 Extubation requires physician order.
- 3.3 Before extubation, ensure that the patient should be fully awake, vitally stable with no vasoactive drugs, sedation or analgesia, with preserved cough and gag reflexes.
- 3.4 A successful completion of 30-120 minutes spontaneous breathing trial (SBT) is performed with a low level of CPAP/ Pressure Support e.g. 5-7 cm H₂O and demonstrating adequate respiratory pattern and gas exchange, hemodynamic stability, and subjective comfort.
- 3.5 Extubated patient will be monitored for 8 hours or more prior to being transferred out from ICU.

4. PROCEDURE:

- 4.1 Explain the procedure to patient.
- 4.2 Patient should be in semi fowlers or high fowlers position.
- 4.3 Do suction from mouth above endotracheal tube.
- 4.4 Hyper oxygenate.
- 4.5 Remove tape from Endotracheal Tube (ET Tube) and deflate ET Tube Balloon.
- 4.6 Perform suction of endotracheal tube. Use new sterile catheter for suction from ET tube.
- 4.7 Have the patient inhale and cough, quickly remove the tube while patient is coughing. Continue suctioning while removing the tube.
- 4.8 Check for stridor.
- 4.9 Assess patient's ability to swallow, speak and cough.
- 4.10 After extubation assess the need for an oropharyngeal airway to keep airway patent.
- 4.11 Administer humidified oxygen.
- 4.12 Remain with the patient for first 5 minutes post extubation and monitor closely for next 8 hours, and obtain Arterial Blood Gas (ABG) after 1 hour and as when required.
- 4.13 Provide chest physiotherapy.

4.14 Document the procedure, vital signs, ability to speak and swallow, with date and time in patient medical record.

5. MATERIAL AND EQUIPMENT:

- 5.1 Ambubag with mask and oxygen source
- 5.2 Humidified oxygen delivery system
- 5.3 Suction catheter
- 5.4 Pulse Oximeter
- 5.1 Intubation Set
- 5.1 Blood Gas Syringe

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse
- 6.3 Respiratory Therapist



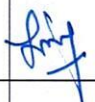




7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 Guidelines for Adult ICU Care/ Ministry of Health, General Directorate of Health Centers- Riyadh, 2013

9. APPROVALS:

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