


ENDOTRACHEAL EXTUBATION

Document Owner:	M. James	Program/Service Area:	Centre for Prehospital Care	Issue Date:	April 2009
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Approval:	Chair, CPC Program Council : Corey Petrie		Frequency:	As required, in accordance with the Endotracheal Extubation Medical Directive	
Signature:					

Purpose: To ensure a consistent standardized practice for all endotracheal extubations.

	Content	Details / Visual Component
1.	Ensure that the patient qualifies for extubation or contact a Base Hospital Physician (BHP) for further direction.	
2.	Communicate the need for the extubation, and its effects to the patient & family members whenever possible.	
3.	If possible, pre-oxygenate the patient with 100% O ₂ .	
4.	Remove the tube tie and any oral pharyngeal airway (OPA) and then suction the oropharynx.	After the tube tie has been removed, be very careful not to manipulate the ETT until you are ready to extubate. Movement of the ETT is irritating to the airway, and may cause unnecessary complications and discomfort to the patient.
5.	Deflate the cuff of the ETT.	
6.	Direct the patient to take a deep breath and exhale completely. During exhalation, remove the ETT. Request the patient to cough during extubation. This procedure has the potential for vomiting, have suction available.	Alert patients may have a stimulated cough reflex with an Endotracheal Tube (ETT) in place. Removing the ETT during an episode of coughing is recommended.
7.	Allow the patient a position of comfort.	
8.	Reassess the patient and ensure their airway is patent.	
9.	Suction if required, apply high flow O ₂ and assist ventilations as needed.	
10.	Document the extubation on the patient care record as per the Ministry of Health and Long Term Care Emergency Health Services Branch Ambulance Call Report Documentation Standards and your Service Provider policy, which includes:	

	Content	Details / Visual Component
	<ul style="list-style-type: none"> time of attempt associated equipment used complications reasoning behind extubation 	
11.	Document the patient condition before and after the extubation.	

Expected Outcome: Successfully perform endotracheal extubations.