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Title: CRIT CARE – Extubation Procedures in Suspect or Confirmed COVID-19 Patients

Applies to: All HHS Staff involved with the extubation procedures in suspect or confirmed COVID-19 patients

1.0 Purpose

1.1 To outline the procedure for extubation in suspected or confirmed COVID-19 positive patients at HHS.

2.0 Equipment/Supplies

- Intubation equipment
- Sterile suction catheters, tonsil suction
- Suction source
- Gloves
- 10cc syringe
- Resuscitation bag, mask, airway
- Oxygen source
- Oxygen delivery device
- Adequate Pulse Oximetry and Heart Rate Monitoring.
- Scissors
- Stethoscope
- Difficult Intubation Cart – as required
- Appropriate PPE for COVID-19

3.0 Policy

3.1 General Statements

3.1.1 Extubation will be considered an AGMP and as such, anyone in the room during extubation should use droplet/contact precautions plus N95 respirator. This can likely be done with ONLY the Registered Respiratory Therapist (RRT) the room, with other team members (MD, RN) outside the room if needed to minimize exposure and conserve PPE.

3.2 Procedure

3.2.1 Extubation to be done only with a physician's order.

- If there is possibility of difficult reintubation, or known history of difficult airway, extubation should be performed only when a physician is present with difficult airway cart nearby.

3.2.2 RRT to collect necessary equipment and don appropriate PPE before entering patient room.

3.2.3 Explain procedure to patient, position patient properly, suction mouth/oropharynx and endotracheal tube (ETT).

3.2.4 Deflate the cuff of ETT and instruct patient to take deep breaths.

3.2.5 Remove the ETT quickly and smoothly at peak inspiration, discard ETT and suction mouth/nasopharynx.

3.2.6 Apply oxygen (O2) via Ventimask or nasal prongs

- In select cases, high flow nasal cannula (HFNC) is required after extubation. If HFNC is needed, follow the following step:
  - Contact/droplet precautions plus N95 and continue until HFNC discontinued as HFNC is considered an aerosol generating procedure
  - Negative pressure room (ideally) or single room with HEPA filter if available

3.2.7 Titrate O2 to oxygen saturations (SpO2) and patient comfort.

3.2.8 Observe for complications, e.g. laryngospasm.
3.2.9 Once patient is extubated and stable, patient to remain in contact/droplet precautions.
3.2.10 If patient can tolerate, place surgical mask over their O2 delivery device (nasal prongs or Venti).
3.2.11 Leave the patient room following proper doffing procedures.

7.0 Cross References

https://ishare.hhsc.ca/quality/pes/ic/_layouts/15/WopiFrame2.aspx?sourcedoc=/quality/pes/ic/Infection%20Control%20Algorithm%20Tools/Taking%20Off%20PPE.pdf&action=default

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MAC

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