


<b>Name of Policy:</b> <u>Extubation of Artificial Airways</u> <b>Policy Number:</b> 3364-136-07-05 <b>Department:</b> Respiratory Care <b>Approving Officer:</b> AVP Patient Care Services/ Chief Nursing Officer <b>Responsible Agent:</b> Director, Respiratory Care <b>Scope:</b> The University of Toledo Medical Center Respiratory Care Department	  <b>Effective Date:</b> August 1, 2019 <b>Initial Effective Date:</b> 9/26/1990
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy	

### (A) Policy Statement

The extubation of endotracheal tubes, upon written physician order, will be performed with the utmost precautions for patient safety by the Respiratory Care Practitioner performing the procedure. In addition, two patient identifiers will always be used with this and any other patient care procedure. The specific guidelines for extubation of endotracheal tubes will be followed according to the procedures outlined.

### (B) Purpose of Policy

To insure that practitioner maintains high safety and precautionary standards while performing extubation of endotracheal tubes.

### (C) Procedure

1. Equipment needed for extubation of endotracheal tubes are as follows:
  - a. Oxygen device per physician order
  - b. 10 ml syringe
  - c. Endotracheal suction equipment, including an oral suction device
  - d. Ambu bag and mask
  - e. "Chux" to cover patient's chest to prevent sputum/blood from soiling the patient or the bed
  
2. The procedure for endotracheal tube removal will be as follows:
  - a. Set-up the oxygen device at the requested FiO2 and proper flow
  - b. Have an Ambu bag and mask ready and available
  - c. Explain the procedure to the patient and family, if present
  - d. If there has been excessive secretions, suction patient per policy # 3364-136-04-04
  - e. Suction orally
  - f. Deflate the endotracheal tube cuff and suction orally again if needed
  - g. Consider presence or absence of air leak around deflated cuff-notify physician of absence
  - h. Release endotracheal tube securing device. Remove the endotracheal tube. Suction oral pharynx as needed
  - i. Place the oxygen device on patient at the FiO2 ordered by the physician
  - j. Pulse oximetry and arterial blood gases will be performed at the frequency ordered by the physician

<p><b>Approved by:</b></p> <p>/s/ _____          Michael J. Taylor          Director, Respiratory Care          Date</p> <p>/s/ _____          Monecca Smith          AVP Patient Care Services/Chief Nursing Officer          Date</p> <p><i>Review/Revision Completed By:</i>  <i>Director, Respiratory Care</i></p>		<p><b>Review/Revision Date:</b>          08/31/1999          03/13/2001          01/06/2005          11/26/2007          09/22/2010          08/14/2012          12/01/2015          08/01/2019</p>
		<p><b>Next Review Date:</b> August 1, 2022</p>
<p><b>Policies Superseded by This Policy:</b></p>		