

COVID-19 EXTUBATION PROCESS

ADAPTED FROM SAFE AIRWAY SOCIETY GUIDELINES



Can extubation be delayed until patient is no longer infective? If not, proceed as follows:



2 staff members

Full PPE

Other personnel out



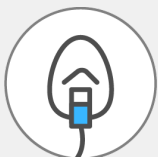
Be confident patient can be safely extubated onto a hudson mask. NIV and High Flow Nasal Oxygen, risk aerosol transmission and should avoided.



Anti-emesis and Glycopyrolate.
Use additional measures to reduce coughing on extubation.
For example remifentanil TCI.



Optimise airway and oxygenation, through positioning and recruitment manoeuvres.
Suction with care not to contaminate self or others.



Remove ETT with HME attached. Immediately replace with face mask and use a 2-handed grip. Confirm airway patent.
Place surgical mask on patient + hudson mask over the top.



Extreme care with all contaminated items for appropriate disposal.
OT quarantined for 30min after application of HM with strict aerosol precaution. Cleaning to occur AFTER this time. Doff PPE as per protocol.