

## Unplanned Extubation Review

### MUST ATTACH PATIENT LABEL HERE

SURNAME: \_\_\_\_\_ NHI: \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_ DOB: \_\_\_\_\_

Please ensure you attach the **correct** visit patient label

Gestation \_\_\_\_\_ Corrected Age \_\_\_\_\_ Day \_\_\_\_\_

Birth weight \_\_\_\_\_ Current weight \_\_\_\_\_

Date and Time of event \_\_\_\_\_

Was ACE Review done? ☐ Yes ☐ No

Was DATIX filled? ☐ Yes # \_\_\_\_\_ ☐ No

If no – why not? \_\_\_\_\_

#### Location of event

Unit: ☐ NICU ☐ LBS ☐ OT Other \_\_\_\_\_

Did the patient remain extubated for > 6 hours?

☐ Yes ☐ No

**Airway/ETT:** Size \_\_\_\_\_ mm ☐ Nasal ☐ Oral

Critical Airway: ☐ Yes ☐ No

Date of intubation: \_\_\_\_\_

Taped at \_\_\_\_\_ cms Was this correct at the

time of extubation? ☐ Yes ☐ No

Was ETT tape secure? ☐ Yes ☐ No

#### Last Airway Assessment:

☐ Within 1-2 Hrs before unplanned extubation

☐ Within 12 Hrs before unplanned extubation

☐ Over 12 Hrs before unplanned extubation

#### Activity occurring during Unplanned Extubation:

☐ ETT Adjustment/Retaping

☐ Suctioning

☐ Kangaroo Care or Cuddles

☐ Cares/Handling

☐ Weighing

☐ Repositioning

☐ Transferring (between or in/out of incubator/bed)

☐ Radiology (USS, XRAY, ECHO, etc)

☐ Line Insertion (PIVL, PICC/CVL, etc)

☐ Other invasive procedures \_\_\_\_\_  
(IDC Insertion, Lumbar Tap, etc)

☐ Transport

☐ Others: \_\_\_\_\_

#### Type of Ventilator:

☐ VN500

☐ Sensormedics

☐ Transport ventilator

**In-line Suction present?** ☐ Yes ☐ No

#### Amount of Secretions:

☐ Scant

☐ Moderate

☐ Copious

#### Patient Status:

☐ Acute (*condition rapidly changing*)

☐ Stable (*improving and settings are weaning*)

☐ Pending Extubation

#### Sedation:

Was patient sedated? ☐ Yes ☐ No

Medication: \_\_\_\_\_

☐ Infusion

☐ Bolus

☐ PRN

Was sedation adequate? ☐ Yes ☐ No

Was pain control adequate? ☐ Yes ☐ No

#### Staffing Ratio:

At the time of Unplanned Extubation ☐ 1:1 ☐ 1:2

Was the staffing ratio adequate? ☐ Yes ☐ No

#### Other Contributors:

☐ Increased Secretions

☐ <2 Nurses for Suctioning/Repositioning

☐ Within 1<sup>st</sup> hour of NICU Admission

#### Result/s of Unplanned Extubation Event:

☐ Increased Ventilation/FiO2

☐ Period of unstable obs

☐ Chest Compressions

☐ Adrenaline

☐ Reintubation

☐ Reintubation needed within 1 Hr

☐ Reintubation needed within 24 Hrs

☐ Worsening blood gases

☐ Other complications: (*Pulmonary haemorrhage, etc*)

SINGLE SIDED FORM – Reverse not scanned  
DO NOT DOCUMENT CLINICAL NOTES ON BACK

Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_