




Unplanned Extubation

Immediate action	Inform team of event	
	 <p>Prior to or after ambulance transfer: Move patient to place of safety</p>	<p>During ambulance transfer: Request vehicle stop & remove seatbelts</p>
Oxygenation	<p style="text-align: center;">Priority is oxygenation</p> <p>100% oxygen via Mapelson C circuit and facemask Consider need for airway adjuncts (NP/OP airway) Ensure monitoring including ETCO2 attached</p>	
Airway plan	<p>Assess airway difficulty, patient stability and make plan</p> <ol style="list-style-type: none"> 1. Continue facemask ventilation or 2. Insert I-Gel or 3. Re-intubation <p>Consider diverting to nearest Emergency Department prior to further airway management (Driver to place standby call)</p>	
Airway management	<p>If decision to undertake at scene:</p> <p>Prepare airway equipment:</p> <ul style="list-style-type: none"> • I-gel, McGrath laryngoscope, ETT, Bougie, 20ml syringe, tape, suction, lube <p>Prepare equipment for Front of Neck Access:</p> <ul style="list-style-type: none"> • Bougie, size 6.0 ETT and scalpel <p>Ensure adequate sedation & paralysis</p> <p>Optimise patient position (head up) and physiology</p> <p>Verbalise airway plan</p> <ul style="list-style-type: none"> • Tracheal intubation or I-gel - max 3 attempts -> • Rescue oxygenation- max 3 attempts (4 handed FM with OP airway+/- I-Gel) -> • FONA (see separate SOP) <p>Post airway manoeuvre: Confirm ETCO2, bilateral air entry</p> <p>Consider diverting to nearest Emergency Department (Driver to place standby call)</p>	