



COVID-19 Extubation Checklist



Aims:

- Minimise aerosolisation of pathogens.
- Minimise exposure of pathogens to airway operators.



- Key roles identified
 1. Most experienced airway proceduralist
 2. Experienced airway assistant
 3. Co-pilot
- Extubation strategy (including reintubation plan) defined and shared
- Respiratory support plan after extubation defined
- Essential equipment - additional mask with filter, reintubation equipment
- Anti-emetic
- Adequate reversal of neuromuscular blocking drugs



EXTUBATE TO MASK WITH FILTER

- Consider "mask over tube" technique
- Suction of oropharynx +/- inline suction of ETT if needed
- Gas flow OFF
- Deflate cuff and extubate without positive airway pressure
- Gas flow ON



- Dispose of all non-reusable equipment in clinical waste bin
- Reusable equipment bagged and sent to CSSD
- When leaving, doff PPE using standard process
- Exit room
- Airborne precautions to continue for 30 minutes after cleaning
- Handover and document
- Team debrief

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Additional pointers: mask over tube extubation

Anaesthetic mask with 2nd HME filter with good seal – two hand technique

Position ETT to side of mouth exiting under anaesthetic facemask

Gas flow OFF - no positive airway pressure during extubation

Deflate ETT cuff and remove ETT maintaining good mask seal

Disconnect circuit from ETT filter and connect to mask filter

Gas flow ON

