

Tutor Guide – Extubation

Thank you very much for helping with the airway mastery learning program. Attached is the pre-course material which trainees should read and complete before attending. It includes a checklist and you should use this when assessing them. It includes a pass mark, which should be regarded as formative rather than summative. Ideally the programme should be delivered as described here, but we recognise that not every department will be able to achieve this.

- Teaching takes up to 60 minutes depending on the trainee.
- There should ideally only be two trainees per tutor at a time.
- Ideally the trainee should also have had an opportunity to practice with the equipment on the manikin prior to the session.
- It is very important to create a safe space and non-threatening environment for the learner.

Stages of the process are:

1. Trainee reads pre-course material and watches video before attending.
2. Participant performs procedure on the manikin as a formative assessment.
3. Tutor gives specific feedback about performance.
4. Trainee repeats procedure until you are happy they do it properly (this may need more than one session).

Skills to assess as part of formative assessment (use checklist):

1. Understanding the key issues in performing safe extubation.
2. Demonstrate an understanding of assessment of extubation risks.
3. Conditions for extubation – demonstrate an understanding of preparation, equipment, monitoring, personnel and supervision needed for safe practice.
4. Effective optimisation, preparation and performance of extubation.

Equipment:

- a manikin/ airway head with ETT in situ
- Yankauer suction
- a breathing circuit connected to ETT (could be self-inflating bag)
- a range of rescue airway equipment (all that are freely available in your place of work)
- syringe + bite block

Things to stress are:

- Risk assessment and decision-making – low or high risk. (DAS Guidance).
- Preparation – patient, equipment, staff, environment.
- Demonstration of effective positioning and pharyngeal toilet.
- Demonstration of effective extubation with delivery of positive pressure + use of bite block.
- Confirmation of successful procedure – capnography; patient status (A + B).

Trainees should repeat the procedure until you are happy that they are doing it properly (see checklist).

Extubation Checklist

Date:

Trainee name:

Tutor:

Step	
Pre-procedure	
Evaluate extubation risk factors – airway and general	
Confirms surgical procedure complete	
Ensures trained assistant & senior supervision	
Ensures complete reversal of NMB (ToFr > 0.9)	
Confirms cardiovascular stability/normothermia	
Ensures necessary equipment available	
Optimises patient position	
Pre-oxygenates until ETO ₂ > 0.8	
Confirms extubation plan with anaesthetic assistant	
Ensure the anaesthetic agent (IV/inhalational) is stopped	
Procedure	
Continues oxygenation	
Performs thorough oropharyngeal toilet	
Inserts bite block (e.g. rolled gauze)	
Confirms adequate spontaneous ventilation	
Confirms patient is obeying simple commands	
Applies positive pressure, deflates the cuff and removes the ETT	
Provides oxygenation (face mask or nasal cannula)	
Confirms patent airway	
Confirms adequate breathing	
Post-procedure	
Documentation	
Safe transfer to recovery area	
Appropriate handover	
Confirms continued monitoring and observation	
Throughout	
Appropriate communication with assistant & patient	
Aware of patient condition/vital signs	

Pass mark: 22/25

Comments
