DAS Extubation Guidelines: Low risk algorithm Low risk extubation Step 1 Plan Fasted Plan extubation Assess airway and general risk factors Uncomplicated airway No General risk factors Step 2 Optimise patient factors **Optimise other factors Prepare** Cardiovascular Location Prepare for Respiratory Skilled help / assistance Optimise patient and other factors extubation Metabolic / temperature Monitoring Neuromuscular Equipment Select deep or awake extubation **Perform Awake Extubation** Step 3 Preoxygenate with 100% oxygen Suction as appropriate Perform Insert a bite block (e.g. rolled gauze) extubation Position the patient appropriately Antagonise neuromuscular blockade Establish regular breathing **Deep Extubation Awake Extubation** Ensure adequate spontaneous ventilation Minimise head and neck movements Wait until awake (eye opening/obeying commands) Apply positive pressure, deflate the cuff & remove tube Advanced technique Provide 100% oxygen **Experience essential** Check airway patency and adequacy of breathing Vigilance until fully awake

Step 4

Postextubation care

Recovery and follow up

Safe transfer

Handover / communication O_2 and airway management Observation and monitoring

Analgesia Staffing

Continue oxygen supplementation

Equipment Documentation

General medical and surgical management

The technique described for awake extubation is a suggested approach.

Practice may vary in experienced hands.

