

EBNS Extubation Guidelines

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Extubate babies who meet all of the following criteria:

- pH \geq 7.20
- PCO₂ \leq 65
- Hemodynamically stable
- No surgery (or other need for intubation) planned in next 24 hrs
- Not re-intubated in last 72 hrs
- FiO₂ <30%, may consider extubation from higher FiO₂ levels in older infants

Conventional Ventilation (AC, SIMV/PS, VG)

- BW <1250 g SIMV/PS: PIP \leq 15 cm H₂O, PEEP 6 cm H₂O, rate \leq 20
- BW \geq 1250g SIMV/PS: PIP \leq 20 cm H₂O, PEEP 6 cm H₂O, rate \leq 20

High-Frequency Oscillatory Ventilation

- MAP \leq 10 cm H₂O
- Spontaneous Respiratory effort

Consider a Spontaneous Breathing Test (SBT) Prior to Extubation (SBT should be a max of 2-3minutes)

Patient passes if reaches below criteria

- Place on ETT CPAP on ventilator with PEEP that is currently set on Vent or planned CPAP PEEP
- Failure Criteria:
 - Bradycardia <100bpm for > 15 seconds
 - Desaturation <85% for >15 seconds or requiring >15% increase in FiO₂

Rx prior to Extubation:

- Notify parents of plan to extubate (inability to reach parents should not delay extubation)
- Discontinue PRN opiates and benzodiazepines (unless on opiates for acute post-op pain management *or* patient is on regularly scheduled long-term opiates)
- Get everything ready

Re-Intubation Criteria:

Infants should meet one of the criteria below before re-intubation. However, infants meeting these criteria do not necessarily have to be re-intubated, particularly if older/larger.

- Respiratory acidosis with pH < 7.20 and PaCO₂ > 65
- Intractable and/or severe apnea/bradycardia/desaturation
- NCPAP with mPaw = 8 and baseline FIO₂ > 0.6
- NIV with mPaw = 10 and baseline FIO₂ > 0.6

References:

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