PICU Unplanned Extubation Debrief/ QI Documentation

Upon completion please return to Debrief Folder

Date/Time: ______________ Age: __________ Primary Diagnosis: _______________________

Intubated on: ______________ ET size _______ Type of tape: ______________

Last taped at: _______ cm Date/time of last resecure: ______________

Secretions: mild moderate copious

When was last provider evaluation? ______________ RN/ MD/RT

Most recent documented RAS score: ________ Time: ______________

When did unplanned extubation occur (i.e. at care time, etc.)? ______________

Who was present for unplanned extubation: ________________________________

Medications: Prior to Unplanned Extubation
Was patient sedated: YES or NO
Paralyzed: YES or NO
Was patient on sedation protocol: YES NO
What medication did infant receive? If yes please circle method:
Fentanyl: YES or NO infusion scheduled bolus prn
Morphine: YES or NO infusion scheduled bolus prn
Ativan: YES or NO infusion scheduled bolus prn
Versed: YES or NO infusion scheduled bolus prn
Other: __________________________

Were there plans to extubate during the shift? YES NO
Did patient remain extubated: YES NO
Reintubation attempts: _______
When did RT last assess patient airway: ________________

Debrief/Comments: (Factors that contributed to the unplanned extubation; vitals, medications, transport etc.)

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<tr>
<th>What went well:</th>
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<td>What didn’t go well:</td>
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<td>What could be done better:</td>
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Form completed by: ________________________RN/RT/MD.