

Unintended Extubation QI Documentation

Upon completion, please return to folder at HUC desk.
Contact: Nora.Hardenberger@unchealth.unc.edu (NCCC)
Or Maggie.Csatory@unchealth.unc.edu (PICU) with any
Questions.

PLACE PATIENT STICKER
HERE

Date: _____ Time: _____ GA: _____ CA: _____ Primary Diagnosis: _____ Bed Space: _____

Intubated on: _____ ET size: _____

Secretions: mild moderate copious

Last taped at: _____ cm Date of last resecure: _____ Time: _____

Was the ETT secured with in adherence to the NCCC/PICU policy? YES or NO

If no, specify the reason why not: _____

Bed Type (please circle): Giraffe Isolette Open Crib Warmer Humidity: YES or NO If Yes, at _____ %

Was patient's skin integrity (facial) compromised? YES or NO

Was there plans to extubate during the shift YES or NO

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

If patient being repositioned at UE, were 2 providers involved: YES or NO

Length of time from last evaluation by RT to extubation: _____ hrs. _____ mins

Re-Intubation Status: Re-intubation and CV collapse requiring CPR and/or bolus epinephrine within one hour

Re-intubation at _____ hrs

No re-intubation (in the subsequent 24 hours from the UE)

Medications:

Was patient swaddled/partially swaddled? YES or NO

Did agitation/improper sedation play a factor in the extubation? YES or NO

Was patient sedated: YES or NO OWS: _____ RASS: _____

Paralyzed: YES or NO

What medication did infant receive? If yes, please circle method:

Fentanyl: YES or NO infusion scheduled bolus prn dose _____ mcg/kg

Morphine: YES or NO infusion scheduled bolus prn dose _____ mg/kg

Ativan: YES or NO infusion scheduled bolus prn dose _____ mg/kg

Versed: YES or NO infusion scheduled bolus prn dose _____ mg/kg

Debrief/Comments: (Factors that contributed to the unplanned extubation; vitals, medications, transport, special patient situations, scheduled procedure, major events, etc.) You may use the back of this form to elaborate.

SAFE report to be entered by: _____

Form completed by: _____ RN/ RT/ NNP/ MD.

Contributors: _____ RN/ RT/ NNP/ MD.