

Unintended Extubation QI Documentation

Upon completion, please return to folder at HUC desk.

Contact: Nora.Hardenberger@unchealth.unc.edu (NCCC)

Or Maggie.Csatary@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** **OVS:** _____ **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.