PICU Unplanned Extubation Debrief/ QI Documentation

Upon completion please return
to Debrief Folder

Place Patient Sticker
Here

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.)

What went well:

What didn't go well:

What could be done better:

Form completed by: _____RN/RT/MD.

Process Owner: Jenny Boyd, MD
Last Rev. 3/2017

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