Post-Extubation Standard of Care

- Patient will be extubated when extubation criteria has been met
  - See Appendix V: Extubation Criteria, Extubation and Post-Extubation Care
  - Bite block when indicated during weaning process

- Patient will be initiated on humidified oxygen therapy to maintain acceptable oxygenation status according to guideline or as specified by physician

- Patient will be instructed on the use of the Incentive Spirometer by the Respiratory Therapist
  - IS will be re-enforced per nursing with the goal of patient use 10 times per hour while awake
  - IS will be re-evaluated per RT every 4 hours for the first 24 hour post-extubation phase
  - If IS goal (>10 ml/kg) is not achieved, other lung expansion therapy will be initiated

- At physician request, other lung expansion therapy may be initiated to prevent atelectasis
  - NIV/BiPAP (refer to NIV or BiPAP policy)
  - EZPAP (refer to EZPAP policy)

- EZPAP:
  - Frequency Q4 hours (in unit) with normal saline or bronchodilators, if indicated
  - May be increased to Q3 hours if needed—if patient requires EZPAP >Q3 then NIV will be initiated at a minimum of 1 hour intervals
  - Change frequency to TID with transfer to floor
  - EZPAP may be utilized during the daytime with NIV nocturnally to minimize “waking” of the patient

- The patients ability to mobilize secretions will be assessed by the RT Q4 hours during the first 24 hours post extubation and bronchial hygiene therapy will be recommended if needed to include one of the following:
  - Heated Humidity
  - CPT:
    - manual
    - percussor
    - sport bed
    - therapy vest
  - Acapella:
    - Patient must be able to maintain an expiratory flow of 15 liters per minute for 3 seconds as stated in manufacturer guidelines
- EZPAP
  - To aid in mobilization of secretions secondary to lung expansion

- Mucolytics:
  - 2 ml’s of 10% mucomyst in combination with a bronchodilator Q6 hours x 48 hours then reassess

- Nasotracheal Suctioning:
  - PRN to aid in the removal of secretions

If the patient has a tracheostomy—Bag, lavage and suction to mobilize secretions, if indicated.

**Under special circumstances the therapist may utilize other modalities such as cough assist or vest therapy if the patient meets the criteria and departmental guidelines.**