EXACT

Extubate within 2 hours
Stop sedation as soon as practical on return

Use HME / dry circuit
Continue / start propofol 0 – 8 mg/kg/hr
Ensure SBS -1 to 0 (titrate propofol)
Follow intubated pain algorithm
Give paracetamol and Ibuprofen UNLESS contraindicated. Consider paracetamol load.
Protocol morphine if required. Obtain CXR and ABG

Extubate within 6 hours
Optimise clinical condition and review stopping sedation at 2, 4 and 6 hrs

1: Stop sedation if all criteria met

Sinus rhythm
Low dose inotropes
Any vasodilators (SNP / GTN)
Acceptable atrial filling pressures
Core temperature >36◦C
Bleeding ≤ 2 mls/kg/hr
Adequate gas exchange on ≤40% 02 (for lesion)

Low dose inotropes
< 0.5mcg/kg/min Milrinone
≤ 5mcg/kg/min Dopamine or Dobutamine
≤ 0.05mcg/kg/min Noradrenaline / Adrenaline
Any 2 of the above

2: Change ventilation mode if all criteria met

Once making spontaneous respiratory effort put on PS 8 CPAP 5

If rate or effort inadequate put back on the mandatory mode and try again in 15 mins

IF ALL CRITERIA MET INFORM REGISTRAR AND EXTUBATE WITHIN 15 MINUTES

Follow unintubated pain algorithm – morphine/ paracetamol +/- ibuprofen
Record extubation time on PICU audit form
Assess for early drain removal

Consider deviation off pathway at 6 hours if not suitable to extubate.
If close to extubation continue on pathway

3: Extubate if all criteria met

Criteria for extubation:
Neurological assessment normal for age
Cough / gag present Responds to voice
Opens eyed / localises to stimulus
Meets haemodynamic criteria
Gas exchange adequate (+ or – arterial gas)