

UNPLANNED EXTUBATION (UE) REAL-TIME ACA EVENT INVESTIGATION

Date of UE event: _____

Was ACA captured in real-time? Yes No

Was event reviewed in one week? Yes No

Unit: NICU PICU CICU Other

Type of UE:

No reintubation within 1 hr

With reintubation within 1 hr

Other*

History of prior UE? Yes No

Airway/ETT:

Type of intubation Nasal Oral

HFV Yes No

Uncuffed/Cuffed

Uncuffed

Cuffed-Inflated

Cuffed-Deflated

Tape secure Yes No

ETT location

Corner of mouth

Center of mouth

Nasal

Inline (closed) suction apparatus present

Yes No N/A

Phase of treatment

Acute (care is escalating or static)

Weaning (patient is improving and ventilator settings are de-escalating)

Awaiting extubation

*With reintubation and cardiovascular collapse requiring CPR and/or bolus epinephrine within 1 hour.

Sedation

Sedation:

Continuous Scheduled PRN None

Agitation (inadequate pain control/agitation) Yes No

Staffing 1:1: 1:2 >1:2

Contributors to UE

	Yes	No
Inadequate restraints	<input type="checkbox"/>	<input type="checkbox"/>
Loose tape	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate sedation	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate staffing	<input type="checkbox"/>	<input type="checkbox"/>
Improper staffing handoff	<input type="checkbox"/>	<input type="checkbox"/>
Within 1 st hour of ICU admission	<input type="checkbox"/>	<input type="checkbox"/>

Other contributor: _____

Activities occurring at time of extubation

	Yes	No
Kangaroo care or parent hold	<input type="checkbox"/>	<input type="checkbox"/>
Radiology study (xray, U/S, echo, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory treatment	<input type="checkbox"/>	<input type="checkbox"/>
ETT adjustment/Re-taping ETT	<input type="checkbox"/>	<input type="checkbox"/>
Weighing	<input type="checkbox"/>	<input type="checkbox"/>
Position change	<input type="checkbox"/>	<input type="checkbox"/>
Transport	<input type="checkbox"/>	<input type="checkbox"/>
Suctioning	<input type="checkbox"/>	<input type="checkbox"/>
<2 caregivers for positioning or suctioning	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>
Line placement	<input type="checkbox"/>	<input type="checkbox"/>
Blood draw	<input type="checkbox"/>	<input type="checkbox"/>
Other bedside invasive procedure	<input type="checkbox"/>	<input type="checkbox"/>

Other activity: _____

Results of UE event

	Yes	No
Arrhythmia	<input type="checkbox"/>	<input type="checkbox"/>
BP change required intervention	<input type="checkbox"/>	<input type="checkbox"/>
Need for increased vent support or FI02	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rate <60 (verify in central monitor)	<input type="checkbox"/>	<input type="checkbox"/>
Chest compressions	<input type="checkbox"/>	<input type="checkbox"/>
Code medications given	<input type="checkbox"/>	<input type="checkbox"/>