

Timely Extubation in Extremely Preterm Neonates

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Background



 Extubation protocols can improve patient outcomes by decreasing the duration of mechanical ventilation in the NICU.

Reducing duration of invasive mechanical ventilation for preterm infants $^{\bullet}$

Chisom Egwuatu, Mariana R. Brewer, Regina Spinazzola, Vitaliya Boyar, Joanne Casatelli, Tesi Thomas, Elfriede Wallace, Barry Weinberger and Shahana Perveen

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Weaning and extubation from neonatal mechanical ventilation: an evidenced-based review

Razieh Sangsari ¹, Maryam Saeedi ¹, Marzieh Maddah ², Kayvan Mirnia ^{1,∞}, Jay P Goldsmith ³

SMART GOAL

total intubation time by 3 days

In preterm infants who are

< 29 weeks

< 1500 g

over 9 months



Methods



Weight

> 600 g

MAP

< 11cm H₂O

 F_iO_2

< 40%

pН

> 7.25

P_aCO₂

< 55 mmHg 1st week of life < 65 mmHg after 1st week

All requirements met?

ready for a trial of extubation

Outcome measures

- 1° Total time of intubation
- BPD* incidence

Process measure

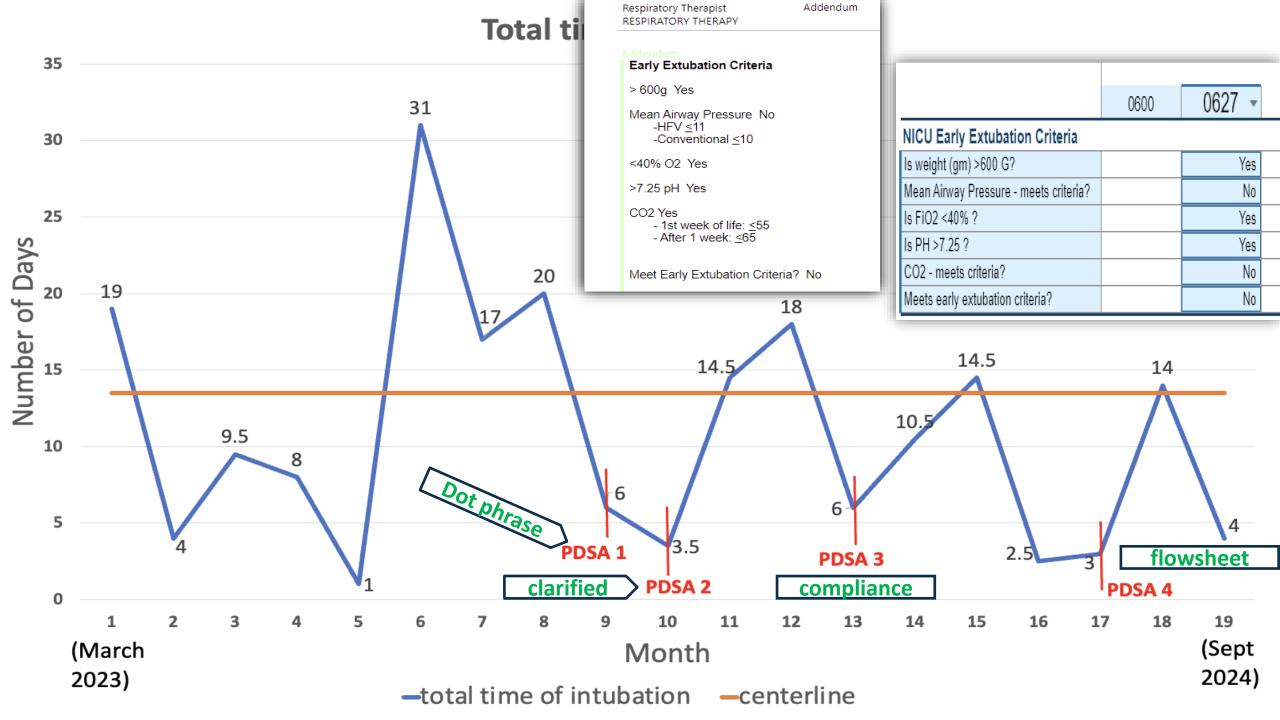
Time to first extubation attempt

Balancing measure

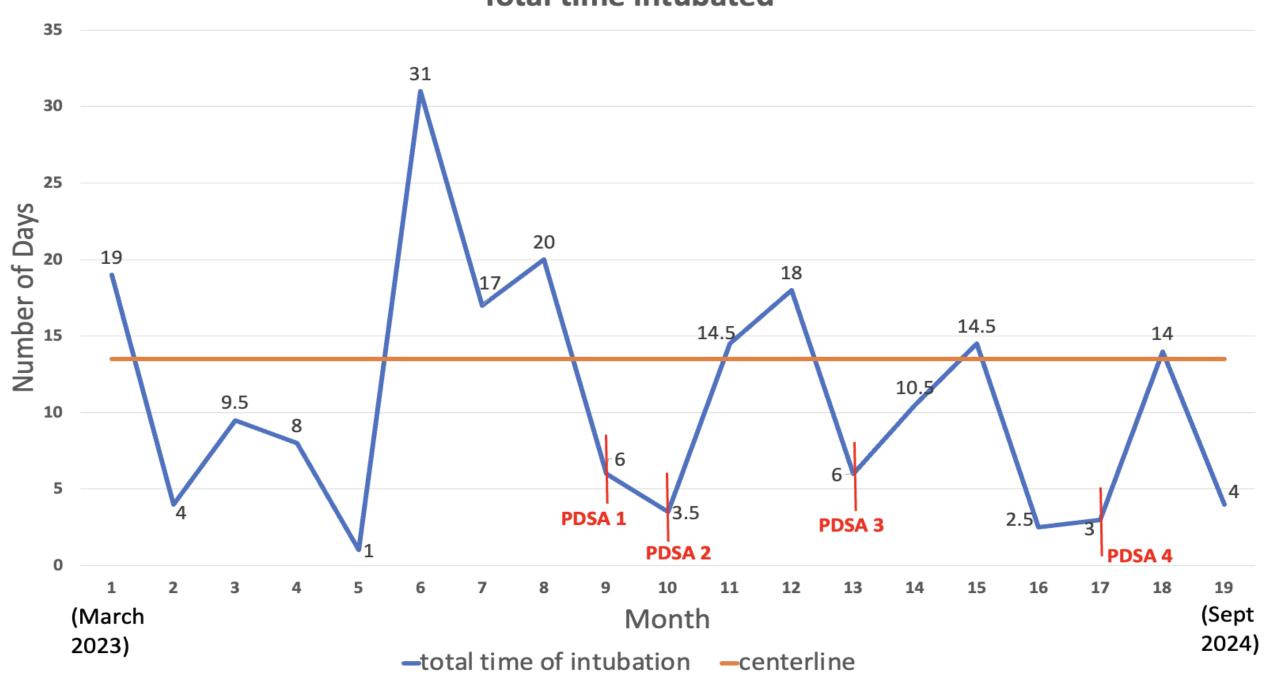
Re-intubation rate

*BPD = Bronchopulmonary dysplasia MAP = Mean airway pressure





Total time intubated



Conclusion

Why wasn't a change seen?

- Extremely preterm neonates who are critically ill with multiple comorbidities that require prolonged care.
- Inconsistent compliance with protocol
- Positives: positive communication and smoother decisionmaking among the team members in the NICU
- ❖ Next steps:
- QI initiatives to standardize post-extubation respiratory support



