



10. ETT blocked or displaced

Consider if hypoxia, CVS instability, audible cuff leak, failure to achieve set expired tidal volumes, abnormal or absent capnograph trace

- ➊ Press the red emergency button
- ➋ Who is the “hands-off” leader? Assign roles
- ➌ FiO₂ increased to 100%
- ➍ Place oxygen over patient’s mouth/nose
- ➎ Assess capnograph trace – is it normal?
- ➏ Attach ambubag and assess spontaneous breathing:
 - Is spontaneous breathing moving the reservoir bag of the ambubag?
 - Can a suction catheter or a bronchoscope be passed beyond the end of the ETT? (exclude patient biting on ETT - sedate)
 - Is the patient’s airway ‘quiet’ when you assist ventilation with the ambubag?

If ‘NO’ to any of 5 or 6 above, or in doubt or patient deteriorating:

- ➐ Prepare equipment for emergency intubation
- ➑ Deflate ETT cuff and remove ETT
 - Assess the patient’s respiration again once ETT is fully removed.
 - Assist ventilation with 100% O₂ using ambu bag and face mask +/- guedal airway with two hands on mask if necessary to obtain seal.

Go to Emergency Intubation **CHKLST 7**

Critical CHANGES

If PEA develops: **Go to** ⇒ **CHKLST 3**

Consider other causes for patient deterioration:

Pneumothorax
Bronchospasm

Roles

Team leader (coordinator)
First intubator
Second intubator/drug administrator
Cricoid pressure
Intubator’s assistant
Intubator’s second assistant
Runner
Telephone

Consider

- ◆ RSI and oral reintubation
- ◆ Fiberoptic inspection

CVICU Resuscitation Checklist – Post cardiac surgery with chest closed



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