

Guideline

Extubation at a DGH post rapid sequence induction (RSI) for status epilepticus

1 Scope

For use within the East of England Paediatric Critical Care Operational Delivery Network.

2 Purpose

To guide and formalise arrangements for regional district general hospital local extubation, following intubation for paediatric status epilepticus.

3 Definitions and abbreviations

4 Introduction

This guideline sets out an assessment approach when assessing a child who has been intubated at a local hospital for status epilepticus.

This approach will guide local teams, in collaboration with the PaNDR team, to identify children for whom local extubation is appropriate.

5 Local extubation assessment(s)

If a child is intubated for status epilepticus, a careful assessment should be undertaken to identify patients suitable for local extubation.

Extubation should be considered only if ALL of the following criteria are met:

RESPIRATORY <ul style="list-style-type: none">• Uncomplicated intubation and no airway concerns• No concurrent significant respiratory concerns/ CXR changes
CARDIAC <ul style="list-style-type: none">• Not required >40ml/kg fluid resuscitation• No vasoactive requirement (no inotrope requirement)
NEUROLOGICAL <ul style="list-style-type: none">• No signs of encephalopathy or meningoencephalitis preceding intubation• Seizures controlled (loaded with AEDs)• CT scan (if indicated) is normal or unchanged from any previous scans• No signs of raised ICP, pupil abnormality• No indication for neuroprotection (post CPR/TBI)
<ul style="list-style-type: none">• Significant electrolyte abnormalities corrected• Appropriate staff and location to recover patient

If ALL the above criteria is met

Aim to assess for extubation within 1 hour.

1. Stop all sedation
2. No further paralysis
3. Nil by mouth



Assessment for extubation:

<p>RESPIRATORY</p> <ul style="list-style-type: none"> • Minimal ventilatory requirements • Spontaneously breathing with minimal work of breathing • Adequate Co2 Clearance with normal blood gas
<p>CARDIAC</p> <ul style="list-style-type: none"> • Haemodynamically stable • No further fluid boluses • No inotropes
<p>NEUROLOGICAL</p> <ul style="list-style-type: none"> • No seizures • No focal neurology or posturing • Cough and gag present • Pupils equal and reactive • Child waking and responding appropriately (at baseline for child)

YES to ALL of the above	NO to any of the above
<p>EXTUBATE</p> <p>Agree for suitability with PaNDR</p>	<p>DO NOT EXTUBATE</p> <p>Continue mechanical ventilation with appropriate sedation and muscle relaxation as per PaNDR guidelines</p>

Monitoring post extubation:

- Usual post extubation care.
- Ensure ongoing monitoring for recurrent seizures in an appropriately monitored environment.



6 References

1 Knight P, Norman V, Gully R, et al Can critically care transport be safely reduced in children intubated during emergency management of status epilepticus in the United Kingdom: a national audit with case-control analysis Archives of Disease in Childhood 2024;109:476-481

2 Children’s Acute Transport Service, Status Epilepticus Clinical Guideline, January 2024

3 STRS – Extubation at DGH post rapid sequence induction (RSI) for status epilepticus July 2024

7 Monitoring compliance with and the effectiveness of this document

Audit standards:

The PaNDR team will monitor compliance with this document by undertaking regular audits which will be reported back to the consultants and lead nurse.

The effectiveness of the document will be monitored by review of any reported incidents by the lead consultant and nurse for risk

8 Equality and diversity statement

This document complies with the Cambridge University Hospitals NHS Foundation Trust service equality and diversity statement.

9 Disclaimer

It is the responsibility of all staff to ensure they are using the latest version of a document.

Document management

Approval:	PaNDR Clinical Governance 10/02/26		
Owning department:	PaNDR		
Author(s):	Dr Ullas Angadi, Dr Mithila D’Souza		
Pharmacist:	N/A		
File name:	Extubation at a DGH post rapid sequence induction (RSI) for status epilepticus		
Supersedes:	N/A		
Version number:	1	Review date:	February 2029