



# AB090. SOH23ABS\_218. An audit on post operative extubation practices among non-consultant hospital doctors in Ireland

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**Background:** Perioperative airway management involves both tracheal intubation and tracheal extubation and it has been shown that respiratory complications are as likely if not more common during the extubation process. Despite this, our audit shows non-consultant hospital doctors (NCHDs) don't feel they have the same amount of supervision during this process and would like more training on good extubation practices in general.

**Methods:** A Survey created on survey monkey was sent to anaesthesia NCHDs around Ireland via direct email and via anaesthesia WhatsApp groups.

**Results:** For survey results to be included the participant must be working in anaesthesia and must have completed all questions in the survey. A total of 101 responses were obtained with an average time working in anaesthesia of 4 years (range, 6 months to 17 years). When asked whether it was more likely for complications to occur during intubation *vs.* extubation 10.9% said intubation 35.6% said equal and 53.5% said extubation. When asked whether consultant supervisors were more likely to be present for intubation *vs.* extubation an overwhelming majority of 96% said intubation *vs.* 3% for equal and 1% for extubation. When asked about familiarity with the Difficult Airway Society (DAS) guidelines for extubation 26.7% said they were extremely familiar, 59.4% said they were somewhat familiar and 13.8% said they were not at all familiar. Respondents were then asked several questions on the frequency (always to never) that they do each step of the guidelines [planning extubation, increasing inspired fraction of oxygen (FiO<sub>2</sub>) to 100%, placement of bite block, airway suctioning, checking train of four (TOF), patient's wakefulness and breathing status] to assess the level of compliance with these guidelines. The range

for respondents to always follow individual steps of the guidelines ranged from as high as 84% to as low as 16.8%. When asked about their ability to manage extubation complications without a consultant supervisor 43.6% said very likely *vs.* 50.5% said likely and only 5.9% saying unlikely. Finally, when asked whether they would like to receive further teaching on extubation guidelines and practice 74.3% said yes and 25.7% said no.

**Conclusions:** Extubation is a high-risk time for any surgical patient and NCHDs could benefit from better supervision and teaching in this area. Development of an extubation routine based on current guidelines that would help prevent complications, and further training on extubation complications would prepare the NCHDs for them when they inevitably occur.

**Keywords:** Anaesthesia; extubation; intubation; perioperative; trainees

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## Footnote

*Conflicts of Interest:* The authors have no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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