Terminal extubation

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Intensivists in the intensive care unit (ICU) are prone to use the term “terminal extubation” to describe the practice of withdrawing life-sustaining mechanical ventilation (MV) when death is expected.

Data were obtained from patients with end-of-life status at terminal extubation from 2015 to 2020. The associations between APACHE II scores and parameters with survival time were analyzed. Parameters with a p-value ≤ 0.2 in univariate analysis were included in multivariate models. Cox regression analysis was used for the multivariate analysis of survival time at 1 h and 1 day.

Of the 140 enrolled patients, 76 (54.3%) died within 1 h and 35 (25%) survived beyond 24 h. No spontaneous breathing trial (SBT) within the past 24 h, minute ventilation (MV) ≥ 12 L/min, and APACHE II score ≥ 25 were associated with shorter survival in the 1 h regression model. Lower MV, SpO2 ≥ 96% and SBT were related to longer survival in the 1-day model. Hospice medications did not influence survival time.

An APACHE II score of ≥ 25 at 1 h and SpO2 ≥ 96% at 1 day were strong predictors of disposition of patients to intensivists. These factors can help to objectively tailor pathways for post-extubation transition and rapidly allocate intensive care unit resources without sacrificing the quality of palliative care in the era of COVID-19. Trial registration They study was retrospectively registered. IRB No.: 202101929B0 [1)].

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Zheng YC, Huang YM, Chen PY, Chiu HY, Wu HP, Chu CM, Chen WS, Kao YC, Lai CF, Shih NY, Lai CH. Prediction of survival time after terminal extubation: the balance between critical care unit utilization and hospice medicine in the COVID-19 pandemic era. Eur J Med Res. 2023 Jan 11;28(1):21. doi: 10.1186/s40001-022-00972-w. PMID: 36631882.