

v.5-10-19	Initial Intubation Criteria /Extubation Failure Criteria/Reintubation Criteria
Considerations	<ul style="list-style-type: none"> • With the exception of FiO₂, all criteria are the same for initial intubation, extubation failure, and reintubation • Extubation failure is defined as replacement of ETT within 72h of extubation due to pulmonary/apnea causes (i.e. not surgical). Reintubation is defined as replacement of ETT beyond 72h. • Meeting criteria below should prompt escalation to next NIV modality, if possible: HFNC→CPAP→NIPPV • All infants 22-23wks will be intubated in DR. Most 24 weekers will be intubated in DR. • Intubation should occur if criteria below are met on NIPPV
FiO₂	Initial intubation: >40% for >2h Extubation failure or reintubation: >50%
pH	<7.2 (and CO ₂ as below, i.e. not metabolic)
pCO₂	0-72h: 65 3+days: 70
Apnea	≥6 apnea episodes or significant bradys requiring stimulation in 6 consecutive hrs OR >1 episode requiring PPV in 12h shift
Other	Always allow provider discretion for “urgent need”
	Extubation Criteria
	Follow SLN Extubation Guidelines
FiO₂	22-27wks: <40%
pCO₂	22-27wks: <60
MAP	22-24wks: ≤8 25-27wks: ≤10
Vent rate	22-27wks: ≤20
ΔP	22-27wks: ≤15
PIP	PIP based on wt (13-16, see Extubation Guidelines)