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Creating Safer Environments By Taking Aim at Unplanned Extubation

It was a summer evening like most others for 13-year-old Drew Hughes. He was skateboarding with his friends. But this evening, he fell and hit his head. Drew was taken by ambulance to the hospital emergency room where he appeared awake and alert, however, a CT scan showed evidence of a possible basilar skull fracture. To be sure that was the case, Drew was transferred to a Level 1 trauma center. Tragically, he didn't survive the transport.

In the ambulance, his life-sustaining breathing tube was accidentally removed and not replaced properly. Drew's oxygen levels dropped and his heart rate slowed. By the time the team diverted to a nearby hospital, it was too late. Drew suffered anoxic brain injury and lost his life.

Unplanned extubation (UE) — the unplanned, uncontrolled removal of a patient's life-sustaining breathing tube — is an all-too-common patient safety issue. In fact, it occurs in 121,000 adult ICU patients in the U.S. annually, resulting in 33,000 deaths.. These are preventable deaths and as such, have become an important part of our mission.

Securisyn Medical recently joined a group of medical and patient safety and quality improvement organizations to form the Coalition for Unplanned Extubation Awareness and Prevention. Our collective goal is to raise awareness about UE and work with hospitals to implement standardized policies and procedures, and begin tracking and implementing quality measures.

Improving UE-related events and patient safety requires a collaborative effort from patient safety leaders, hospital executives, providers medical technology companies, and patients. To learn more about how you can help, what's being done, and Drew's story, read this blog published by Dr. Art Kanowitz of the Airway Safety Movement.