

APLS: Emergency induction checklist

EMERGENCY INDUCTION CHECKLIST (PAEDIATRIC)

Prepare for difficulty	Prepare equipment	Prepare patient	Prepare team
☐ Are any specific complications anticipated?	□What monitoring is applied?	☐ Is pre-oxygenation optimal?	□ Who is?
□ previous difficult airway □ rapid desaturation □ circulatory collapse / need for ECMO	□ECG □Blood pressure (cycling) □Saturations □Capnography	☐ Is the patient's position optimal?	☐ First Intubator ☐ Second Intubator ☐ Cricoid Manipulation ☐ Intubator's Assistant ☐ Intubator's Assistant ☐ Druos
0 0	□What equipment is checked and available?	☐ NG tube considered?	☐MILS (if indicated) (Manual InLine Stabilisation)
up? If the intubation is difficult,	☐Self-inflating bag/T-piece☐Facemask and adjuncts☐Suction	☐ Is iv access adequate?	☐ How do we contact further help if required?
how will you maintain oxygenation? (facemask/supraglottic airway and adjuncts, front of neck access)	□Correctly sized ET tubes - cuffed or uncuffed? □Z laryngoscopes +/- CMAC □Stylet/Bougie	☐ Can the patient's condition be optimised any further before intubation?	(O)
Is the relevant equipment, including alternative airway, immediately available?	☐ Do you have all the drugs required, including vasopressors (dilute adrenaline) and IV fluid boluses?	☐ How will anaesthesia be maintained after induction?	
This Checklist is not intended to be a comprehensive guide to preparation for induction	sive guide to preparation for induction		O Besto Royal Hoppins RTIC Severn

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