ICU INTUBATION CHECKLIST

ASSESS

EQUIPMENT

TEAM

PLAN

☐ Is a difficult airway predicted?
☐ Is there risk of physiological compromise?
 □ Cardiovascular instability □ Hypoxemia □ Acidemia □ Increased ICP □ Aspiration □ Underlying disease □ Allergies
☐ Are the ICU consultant and ANUM aware?
☐ Do anaesthetics or ENT need to be contacted?
Anaesthesia #:

☐ Is monitoring ready?
 □ Pulse oximetry (SpO₂) □ ETCO₂ □ BP (cycle q1min if NIBP) □ ECG
☐ Is equipment checked & ready?
 □ BVM with O₂ flowing □ Airway adjuncts □ Supraglottic airway device □ ETT x 2 (incl 1 size down) □ Laryngoscopes x 2 (Direct/Video) □ Bougie □ CICO** rescue equipment □ Suction □ Stethoscope
☐ Are drugs & lines ready?
□ IV checked & fluids on pump set

Have team roles been assigned?
□ Team leader □ 1st intubator* □ 2nd intubator* □ Airway assistant □ CICO** rescuer □ Drug administrator □ Senior support nurse □ +/- Cricoid Pressure □ +/- Manual in-line stabilisation
* Two airway competent doctors MUST attend
**CICO = can't intubate, can't oxygenate – proceed to

Cricothyroidotomy

☐ Is the patient optimised? Position Oxygenation ■ Ventilation □ Haemodynamics ☐ NGT suctioned ☐ What are the **plans for** anticipated physiological compromise? ☐ What are Plans A, B, C & D if the airway is difficult? ☐ What **drugs/doses** are to be given? When and how? ■ Does anyone have questions or concerns?

ENT #:

■ Inopressors

□ Post-intubation sedation

Unanticipated Difficult Intubation Plan Direct / Video Successful Α intubation laryngoscopy Failed optimal laryngoscopy (2 attempts) Maintain Bag mask В oxygenation, seek definitive airway oxygenation plan* Failed bag mask oxygenation Maintain Supraglottic C oxygenation, seek definitive airway Airway Device plan* Failed SAD oxygenation Declare "this is a can't intubate, can't oxygenate situation" Scalpel bougie technique Cricothyroidotomy D OR needle Cricothyroidotomy

*Can't Intubate <u>Can</u> Oxygenate <u>Seek additional expert airway</u> <u>assistance</u>

Consider:

- Waking patient to spontaneously ventilate if safe to do so
- Further intubation attempt with optimization and most skilled operator
- Intubation through supraglottic airway device
- Fibreoptic intubation
- Surgical airway

Predictors of Difficult:

Bag Mask Supraglottic Airway Ventilation Insertion

Bearded Restricted mouth

Obese opening

No teeth Obstruction

Elderly Distorted airway

Sleep Apnea/snoring Stiff lungs or c-spine

Always check previous airway history

Intubation Equipment Checklist

PPE
•Gloves/Gown/Mask with Face Shield/N95
Suction
 Yankauer/Suction Tubing/Regulator at the appropriate pressure Portable Suction In – Line Suction for post intubation
BVM
Filter/PEEP Valve/Oxygen Source Full face mask properly sized
Oral Airway
•Appropriate size
Blade and Handle
•Laryngoscope/Video Laryngoscope/Fiberoptic/Mac vs Miller
Endotracheal Tube
Sized appropriately Cuffed vs Uncuffed Subglottic suction Stylet (rigid or not)
Lubrication
•Water base
10 ml Syringe
End Tidal Carbon Dioxide Detector - EtCO ₂
•Inline as well for monitoring during a cardiac arrest
Securing Device
•Tapes/ties - needs waterproof tape/Hollister
Alternative/Emergency Airways
•LMA + 20/50 ml Slip Tip Syringe/Cricothyroidotomy Kit