

Airway Bundle Checklist (FRONT and BACK)

Date: _____

Time: _____

Front page completed: ☐ On admission ☐ During rounds ☐ After Rounds ☐ Just prior to intubation
☐ After intubation ☐ Prior to Extubation

By _____

☐ Front page not completed - emergent intubation (within 1st hour of admission)

Assessment for ANTICIPATED Airway Management**Intubation Risk Assessment**

| | | | |
|-------------------------|---|-----|----|
| Difficult Airway | History of difficult airway? | YES | NO |
| | Physical? (e.g. small mouth, small jaw, large tongue, or short neck) | YES | NO |
| At Risk For: | High risk for rapid desaturation during intubation | YES | NO |
| | Increased ICP, pulmonary hypertension, need to avoid hypercarbia | YES | NO |
| | Unstable hemodynamics (e.g. hypovolemia, potential need for fluid bolus, vasopressor, CPR) | YES | NO |
| | Other risk factors? _____ | YES | NO |

Planning (all risk noted above should be considered in plan)**Who** will intubate? (Specify primary provider who will perform **first** laryngoscopy):
☐ Resident ☐ Fellow ☐ NP ☐ Attending ☐ Anesthesiologist ☐ ENT physician ☐ RT ☐ Other - Specify below: _____

Who will bag-mask? ☐ Resident ☐ Fellow ☐ NP ☐ Attending ☐ RT ☐ Other (Specify) _____
How will we intubate? **Method:** ☐ oral vs. ☐ nasal**ETT Type:** ☐ Cuffed ☐ Uncuffed**ETT Size:** ☐ 3.0 ☐ 3.5 ☐ 4.0 ☐ 4.5 ☐ 5.0 ☐ 5.5 ☐ 6.0 ☐ 6.5 ☐ 7.0 ☐ 7.5 ☐ 8.0 ☐ Other: _____**Device:** ☐ Laryngoscope ☐ LMA _____ ☐ Glidescope _____ ☐ Other: _____**Blade:** ☐ Mac _____ ☐ Miller _____ ☐ Wis-Hipple _____**Meds:** ☐ Atropine ____mg ☐ Glycopyrrolate ____mcg☐ Fentanyl ____mcg ☐ Midazolam ____mg ☐ Ketamine ____mg ☐ Propofol ____mg☐ Rocuronium ____mg ☐ Vecuronium ____mg**Apneic Oxygenation:** Yes No ____L/min (<1 y = 5L; 1-7y = 10 L; > 8 y = 15L)**Other:** _____**When** will we intubate? (Describe the timing of airway management):☐ Prior to procedure at: _____ ☐ Mental Status Changes ☐ Hypoxemia refractory to CPAP: SpO₂ < ____%☐ Ventilation failure refractory to NIV ☐ Loss of Airway Protection ☐ Other: _____**Backup?** Advanced Airway Provider: ☐ Attending ☐ Anesthesia ☐ ENT ☐ Fellow ☐ Other: _____☐ Difficult Airway Cart ☐ Difficult Airway Emergency Page ☐ Other: _____

Immediate Pre-Intubation Procedure TIME OUT

Date: _____

Time: _____

(Complete immediately before intubation)

| |
|---|
| <input type="checkbox"/> Right Patient: Confirm 2 identifiers and allergy status. |
| <input type="checkbox"/> Right Plan: Review and revise the FRONT PAGE plan |
| <input type="checkbox"/> Right Prep: Patient accessible and positioned correctly, bed cleared for intubation, working IV? |
| <input type="checkbox"/> Right Equipment: SOAP (e.g Suction, Oxygen, Airway, Personnel), IV fluid bolus readily available? |
| <input type="checkbox"/> Right Monitoring: BP cycling frequently, different extremity from pulse ox, pulse ox volume? |
| <input type="checkbox"/> Right Rescue plan: Difficult Airway cart/kit and equipment available? Who can we call for assistance? |
| <input type="checkbox"/> Right Attitude: State out loud: "IF anybody has a concern at any time during the procedure please SPEAK UP." |

Has the patient had anything to eat or drink in the last 6 hours? YES / NO

Other PATIENT SPECIFIC preparation:

| |
|--|
| |
|--|

Post-Procedure TIME OUT

What did we do well? What can we improve upon?

☐ No CQI Issues

Feedback:

| | |
|--------------|--|
| 1. RT | |
| 2. Nurse | |
| 3. Resident | |
| 4. NP/PA | |
| 5. Fellow | |
| 6. Attending | |

ETT Cuff adjusted to minimal leak: YES / NO

Sedation Goal _____

Was the patient difficult to ventilate? YES/NO

Was the Patient difficult to Intubate? YES/NO

| |
|--|
| Back page completed by (PRINT): _____ |
| Intubated by: _____ |
| <input type="checkbox"/> NEAR4Kids data form completed after intubation? |